



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

AUG 23 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Dolores L. Smith Sharer, Owner
P.O. Box 65
Wyalusing, Pennsylvania 18853

RE: 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 June 1, 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER	
Smith's Personal Care Home, 202 Front Street, P.O., Box 65, Wyalusing Pennsylvania 18853		238781	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
June 1, 2010		Ann O'Haire & Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
Dolores L Sharer			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Dolores L Sharer	6/23/10	Bob Brangrini	8/11/10

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
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>The home did not complete a medical evaluation for resident #1 who was admitted to the home 4/30/10.</p> <p align="center">RECEIVED</p> <p align="center">AUG 09 2010</p>	<p>6/10/10</p>	<p>A medical evaluation has been completed. All medical evaluations will be done within 30 days after admission. The administrator and [redacted] will make sure all reports are completed within the specified time periods.</p>	<p>8/11/10 S.B.</p>

Original

SCRANTON FIELD OFFICE
Adult Residential Licensing

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<i>Dolores L. Sharer</i>	6/23/10	<i>Ed Brangman</i>	8/11/10

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
85a Sanitary conditions shall be maintained.	A shared bathroom labeled #B1 located near the kitchen, was found to have used razors and tooth brushes that were not labeled or in containers.	6/1/10	<i>Used razors and tooth brushes that were not labeled were removed. Staff and residents were instructed about leaving personal items in the bathroom not in containers & not labeled. The administrator and [redacted] will continually check for unlabeled personal items in the bathrooms.</i>	8/11/10 B.S.

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<i>Dolores L. Shaver</i>	<i>6/23/10</i>	<i>Bob Bisognain</i>	<i>8/11/10</i>

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<ul style="list-style-type: none"> • Bathroom # B1 had black moldy surface along the right side of the tub area surface. • Bathroom #B4 had black moldy surface along the tub seam and wall and the right edge of the tub's surface. 	<i>8/31/10</i>	<p><i>The old caulk will be removed and replaced with new caulk. The wall area at the right side of the tubs will be cut out and new wallboard inserted. Better scrubbing of the tub areas will be done and an alternative to the current wall board will be checked out to prevent water damage again.</i></p> <p><i>The administrator and [redacted] will continue to assess,</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p><i>8/11/10 S.S.</i></p> <p>Date Initials (DPW)</p>

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<i>Dolores L. Shaver</i>	<i>6/23/10</i>	<i>Bob Bingham</i>	<i>8/11/10</i>

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
101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair.	The rug located in room # 22 had large black stains that were caused by a resident who reportedly chews tobacco. These stains are located near the bed, window and doorway to the hall.	<i>8/31/10</i>	<i>The carpet has been removed. A new tile floor will replace the carpet. The administrators and [redacted] will inspect all rooms on a weekly basis for any needed repairs or changes.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>8/11/10 S.B.</i> Date Initials (DPW)

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<i>Dolores L. Shaver</i>	<i>6/23/10</i>	<i>Bob Brangman</i>	<i>8/11/10</i>

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	Based on a review of the home's fire drill log, the home failed to evacuate all residents from the facility on 3/6/10. <ul style="list-style-type: none"> Evacuation time: 10:30 pm Exits used: All routes # of residents in the building 18 # of residents evacuated 17 Evacuation time 2:00 min. 	<i>6/1/10</i>	<i>As of 6/1/10, any resident refusing to participate in a fire drill will be given a 30 day notice since they are not abiding by the Home's rules in the contract. This particular resident is no longer a resident in the home. [redacted] is in [redacted] own apt. The staff and administrators will stress to all residents the importance of evacuating the building during a fire drill.</i>	<i>8/11/10 B.G.</i>

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<i>Dolores L. Shaker</i>	<i>6/23/10</i>	<i>Bd. Bingham</i>	<i>8/11/10</i>

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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The annual medical evaluation in the record of resident #2 (dated 4/21/10) did not specify prescribed medications. Repeated Violation- 10/1/09	<i>6/2/10</i>	<i>The list of medications with the physicians signature has been attached. The administrator and [redacted] will review all medical evaluations for completeness.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>8/11/10</i> <i>B.B.</i> Date Initials (DPW)

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<i>Robert L. Shaver</i>		6/23/10	<i>Bob Benjamin</i>
DATE		DATE	
		8/11/10	

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183a-1 Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	Resident #3 attends activities off the premises on Tuesdays and Thursdays. Staff routinely removes the resident's 2:00pm dose of Seroquel 300mg from the original package and put the medication into an empty labeled pharmacy bottle. The resident's most recent medical evaluation dated 7/29/09 indicates the resident is not able to self-administer medication.	6/10/10	<i>The time for the Seroquel medication has been changed to arrival time back at the home. The administrator and [redacted] will continually review the occurrences of medication times and activities of residents to insure all meds are kept in original containers and if a resident is not able to self-administer meds that someone else is responsible</i>	8/11/10 B.S.

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NAME AND ADDRESS OF PERSONAL CARE HOME Smith's Personal Care Home, 202 Front Street, P.O., Box 65, Wyalusing Pennsylvania 18853		CURRENT LICENSE NUMBER 238781	
INSPECTION DATE(S) (Include all dates of the inspection) June 1, 2010		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Dolores L. Sharer</i>	DATE 6/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Brignani</i>	DATE 8/11/10

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187d The home shall follow the directions of the prescriber.	The following medications prescribed to the stated residents were not on-hand at the time of the inspection: Resident #2: Ibuprofen 600mg to be administered every 6 hours as needed. Resident #4: Tussin DM syrup to be administered every 4 hours as needed	6/2/10	The Tussin DM was discontinued on the MAR since it had not been needed for a long time. The Ibuprofen was replaced immediately although the resident did not need it right away. The administrator and [redacted] will review the MARs and everything on the med cart each week as well as [redacted] checking the med cart each week.	8/11/10 S.S.

RECEIVED

AUG 09 2010

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