



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

ADULT RESIDENTIAL LICENSING

OCT 01 2010

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

Ms. Donna L. Strittmatter, President
Smith Health Care LTD
453 South Main Road
Mountain Top, Pennsylvania 18707

Dear Ms. Strittmatter:

As a result of the Department of Public Welfare's licensing inspection on August 13, 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 Smith Health Care, Ltd. 453 South Main Road, Mountain Top, Pennsylvania 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATE(S) (Include all dates of the inspection) August 13, 2010		REGIONAL REPRESENTATIVE Florence Babiarz, Michele Moskalczyk and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 9/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9-22-10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The amendment to the home's contract regarding an increase in the room and board rate effective 1-1-10 was signed by the resident's POA but not by the resident #1.	Res #1 completed 8/13/10 All current charts by 9/24/10	Res #1 POA is also the payer for this resident. Resident signed the amendment on 8/13/10. All current charts are being reviewed and all amendments will be updated. Resident signatures by 9/24/10. Accountant was informed to add a line for resident to also sign on any future amendments. Admissions M.R. were reviewed on reg 25b - pertaining to amendments. Also. Current chart review will be submitted to next QA.	Steps have been taken to correct violation; full compliance is not verifiable <u>9-22-10</u> Date Initials (DPW)

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Original


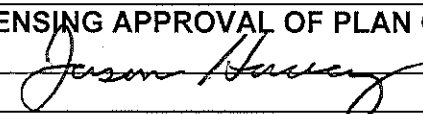
SCRANTON FIELD OFFICE
Adult Residential Licensing


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42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	Resident bedroom #G6 has 2 occupants; one resident uses a bedside commode during the evening hours. The commode is located next to resident's bed and doesn't provide any privacy to the resident using the commode or the other occupant of this room.	8/13/10	A privacy curtain was immediately brought into Rm G#6 on 8/13/10. There are no other Bedside Commodes being used in facility. This resident continues physical therapy and working on ambulation to Bathroom at his. Policy Procedure on bedside commode use will be reviewed & all staff by 9/20/10. Designee will perform a daily check of all res. using bedside commode to ensure privacy & submit to QA quarterly	9-22-10 Jlt

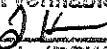
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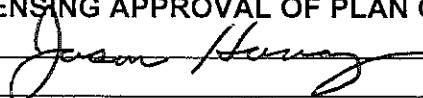
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	Resident room # G114 towel holder is extremely loose and in need of repair.	8/13/10	The towel holder was immediately tightened on 8/13/10. All rooms were checked + furniture + equipment in good repair as of 8/13/10. A random check will be done of furniture + equipment at Reg 95 by Designer monthly + submitted to QA quarterly.	9-22-10 
	The following resident room bathroom ceiling fans are inoperable. Room #: G102, G103, G107, G108, G109, G111, G113, G114.	8/19/10	The ventilation system in the new building has undergone inspection by facility maintenance - problem was identified + fixed. System is fully operational in all bathrooms in new buildings.	
	The entire basement section of the personal care home unit, located in the resident's bathrooms, the fan/ventilation system was inoperable. The administrator (B) indicated that an electrician will be contacted to address the problem.	8/13/10	Electrician was in to v old building ventilation system on 8/13/10. repairs made + functioning properly. Ventilation system in older + newer section will have random checks done monthly by maintenance + submitted to QA quarterly.	

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A 3oz tube of SAF-Gel hydrating dermal wound dressing expired 2/2008.	8/13/10	The tube of SAF Gel was on the back of a cupboard & not seen by staff who do checks. This tube was immediately discarded. All cupboards were 1/2 to 3/4 expired w/ exp'd meds & admin completed. All staff will be retrained on Reg 183 by 9/30/10. Will continue to current random checks of med rooms & carts & continue to submit to QA quarterly by designee	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10  Date Initials (DPW)

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.</p>	<p>Staff did not sign or initial the Medication Administration Record of resident #2 on 8/11/10 to indicate that Balmex had been administered at 8:00pm.</p> <p>Staff did not sign or initial the Medication Administration Record of resident #3 on 8/11/10 to indicate that Xanax 25 mg Tab; Niaspan 500 mg Cap; Namenda 10 mg Tab and Diovan 160 mg Tab had been administered at 4:00pm.</p> <p>Repeat Violation: 5/28/2009</p>	<p>8/13/10</p>	<p>Employee [redacted] was called immediately + reassured PC/HA that cream was applied on 8/11/10 @ 8pm & that the missed documentation was an oversight. Employee [redacted] was called immediately & verified that all medications in question were diligently administered. Missed documentation was an oversight. The Xanax was signed out properly on the narc. record.</p> <p>Both employees (LSP's) were strongly counseled on proper medication administration documentation on 8/13/10.</p> <p>All employees will be re-visited by 9/20/10 on med. adm + documentation. Menor's have been reviewed nightly by the 11-7 shift.</p> <p>Starting 9/21/10 - if an employee misses documentation they will be called + must return to work to complete documentation & the disciplinary process will be enforced.</p> <p>Will submit MAR reviews to QA quarterly.</p> <p>There has been a significant improvement over the past year & the use of the monitoring system.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-22-10 Date Initials (DPW)</p>

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