



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: February 23, 2011

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 September 15, 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,

Michelle Maskalczyk

Regional Licensing Administrator

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME SMITH S PERSONAL CARE HOME, 202 FRONT STREET P O BOX 65 WYALUSING, PA 18853		CURRENT LICENSE NUMBER 238781	
INSPECTION DATES (Include all dates of the inspection) 09/15/2010		REGIONAL REPRESENTATIVE Moskalczyk	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>DOLORES L SHARER</i>			
SIGNATURE OF LEGAL ENTITY <i>Dolores L Sharer</i>	DATE <i>2/17/2011</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michal Moskalczyk</i>	DATE <i>2.22.11</i>

<p>16c</p> <p>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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).</p>	<p>Resident #1 indicated, not feeling well, was sent to the Towanda Hospital and later sent and admitted to Robert Packer Hospital on 09-03-10. The home did not submit an incident report to the Department as required.</p>	<p><i>Ongoing</i></p>	<p><i>The administrator will see that all reportable incidents will be reported within 24 hrs and abuse reporting shall also be followed.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p>
				<p><i>2.22.11</i></p> <p>Date</p>