



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: August 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 April 5, 2011 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 that reads "Michele Mastalczyk".

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
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, ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Dolores L Sharer</i>	DATE <i>5/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostakcyzk</i>	DATE <i>8.23.11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 the guidelines in § 2600.15 (relating to abuse reporting covered by law).	Resident #1 did not get their Lantus insulin as prescribed on 03/12/11 at 8:30PM, or 03/13/11 at 8:30PM. The home did not report the medication error to Adult Residential Licensing office.	<i>5/25/11</i>	<i>The administrator or designee will complete an incident report whenever there is a medication error. Resident #1 has not returned to our home. All residents doing their own insulin will be supervised by a direct care giver trained in medications.</i>	<i>AM 8.23.11</i>

The administrator or designee will be responsible for compliance with this regulation

Steps have been taken to correct violation; full compliance is not verifiable
Date _____ Initials (DPW) _____

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

Page 2 of 6

Aug. 19. 2011 08:02 PM Smith's Personal Care Hom 5707462149

PAGE. 2 / 8

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
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 <i>Dolores L. Shores</i>	DATE <i>5/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>8.23.11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #1's home contract was not signed prior to, or within 24 hours of admission. The original contract was signed and dated by Resident #1 on 11/19/2010, 7 days after their admission on 11/12/2011. This contract was signed and dated a day earlier by staff person B on 11/18/2010. The home updated the original contract with another contract that had January 1st, 2011 preprinted on the first line. The contract was signed and dated by resident #1 on January 2nd, 2011. Staff person A did not date the document when he/she signed.	<i>5/25/11</i>	<i>The administrator or designee will see that all future contracts will be signed on the day of admission and dated as of the day the contract is effective.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>8.23.11</i> Date <i>MM</i> Initials (DPW)

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
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 <i>Dolores L. Sharen</i>	DATE <i>5/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE <i>8.23.11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	On resident #1's medical evaluation dated 11/18/2010. "No" was checked to indicate that the resident could not self-administer medications, even with assistance. The assessment dated 11/12/10 noted that resident #1 could not self-administer any of his/her medications except for insulin, but there was no documentation from a physician, physician's assistant or certified registered nurse practitioner to support this assertion. For an individual to be self-medicating, both the medical evaluation (141a2) and the assessment (227e) must agree.	<i>5/25/11</i>	<i>The administrator or designee will verify whether or not a resident is able to do parts of medication such as insulin. If a resident is able to do insulin and not responsible to do remainder of meds, there will be documentation and the med eval and assessment will note the same.</i>	<i>8-23-11</i>

The administrator will assure compliance with this regulation. The administrator will monitor all paperwork for compliance

8-23-11 mm

Steps have been taken to correct violation; full compliance is not verifiable

Date *8-23-11* Initials (DPW) *MM*

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Meriam O'Malley, Jason Harvey	
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 <i>Dolores L. Ahrens</i>	DATE <i>5/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyzk</i>	DATE <i>8-23-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.</p>	<p>According to a handwritten letter by Resident #1 that was dated 3/13/11, and a handwritten note dated 03/13/11 by Staff person C, Resident #1 independently telephoned the prescribing physician of the insulin product Lantus, and reported that she ran out of it. Resident #1 also provided glucometer readings to the physician. According to the handwritten notes of Resident #1 and Staff C, the physician spoke to both staff person C and Resident #1, and ordered around the clock injections of humalog every three hours to replace the long-acting insulin drug called Lantus. No written physician's order for the above changes was found in the record. Staff member C is not a licensed medical provider and should not have accepted a phone order from the physician.</p>	<p><i>5/25/11</i></p>	<p><i>The administrator or designee will supervise all Fred trained personnel to make sure any changes in medications are in writing and the medication record has noted any changes.</i></p> <p><i>The administrator will monitor all paperwork for compliance 8/23/11</i></p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is not verified</p> <p style="text-align: center;">Date: <i>8/23/11</i> Initials (DMM): <i>[Signature]</i></p>

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04:05:2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Dolores L. Sharen</i>	<i>5/25/11</i>	<i>M. Moskalewicz</i>	<i>8.23.11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	Staff C failed to correctly document a physician's order for a medication change for the insulin product Humalog. The physician prescribed 5 units of Humalog every 3 hours, and directed that an additional 5 units be added to a standing order for Humalog insulin. The documentation for the medication changes for Humalog insulin were made on notepaper and the note did not address the type assistance staff should provide to the resident during the around-the-clock administration. The administration record made on notepaper also did not include: resident's full name, drug allergies, name of medication, strength, route of administration, duration of therapy, special precautions, or diagnosis or purpose for the medication.	<i>5/25/11</i>	<i>The administrator or designee will make sure all medications are recorded on correct med sheets and include all required info with appropriate changes. The administrator will monitor all paperwork for compliance 8/23/11</i> <i>MM</i>	<i>8.23.11</i> <i>MM</i>

Steps have been taken to correct violation; full compliance is not verifiable

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

Page 6 of 6

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 238780	
INSPECTION DATES (Include all dates of the inspection) 04/05/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, Jason Harvey	
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 <i>Dolores L. Sharen</i>	DATE <i>5/25/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalewicz</i>	DATE <i>8.23.11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>Cont. from previous page</i>