

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DOLORES L. SMITH SHARER

LEGAL ENTITY

To operate SMITH'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 34
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 1, 2011 until November 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 238780

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

NOV 08 2011

Ms. Dolores L. Smith Sharer, Owner
Smith's Personal Care Home
47 Front Street, P.O. Box 65
Wyalusing, Pennsylvania 18852

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's licensing inspection on August 9, 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.

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

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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, ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Dolores L Sharer</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-27-11</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
25a2 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.	The per diem rate was not shown in the following residential contracts: Resident # 1 date of admission and contract signed on 06/07/2011 Resident # 3, Date of admission and contract signed on 04/27/2011 resident # 4, Date of admission and contract signed on 09/16/2010 resident # 5, Date of admission and contract signed on 09/25/2011 Resident # 6 Date of admission 03/08/2011, has a contract of the same date with no amount specified in the contract.	<i>8/9/2011</i>	<i>All contracts will include a per diem rate when signed. The administrator or designee will review all contracts for completion. The per diem rate will be filled in at the time of the monthly amount being filled in.</i>	<i>AD</i> <i>10-27-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Dolores L. Howard</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-27-11</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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and co signed by the resident's designated person if any, if the resident agrees.	The contract for resident #7 dated 07/15/2011 was not signed by the resident. The contract was signed by the resident's power of attorney. The contract for resident # 8, date of admission 05/25/2011, was not signed by the resident. The contract was signed by the resident's brother. The designated person for resident # 1, date of Admission 06/07/11, did not sign the residential contract dated 06/17/2011.	<i>9/1/11</i>	<i>The contracts has been signed by the resident. The daughter has been told that her [redacted] needs to sign all papers. Contracts will be signed by residents as well as appropriate other individuals. The administrator or [redacted] will review for all appropriate signatures.</i>	<i>AG</i> <i>10-27-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Nalana L. Phares</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-27-11</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
25c12 (12) Charges to the resident for holding a bed during hospitalization or other extended absence from the home.	<p>The contracts for the following resident's did not include the specific charges to the resident to hold the bed during a hospitalization or other extended stay away from the home:</p> <p>Resident #7 contract dated 07/15/2011, per diem rate listed between \$60 and \$75, amount left blank</p> <p>Resident #8 contract dated 05/27/2011 per diem rate listed between \$60 and \$75, amount left blank</p> <p>Resident #9 contract dated 03/31/2011, per diem rate listed between \$60 and \$75, amount left blank</p> <p>Resident #10 contract dated 12/12/2010, per diem rate listed between \$60 and \$75, amount left blank</p>	<i>9/1/11</i>	<p><i>A per diem rate has been assigned to the contracts.</i></p> <p><i>Resident contracts will contain per diem rates to hold beds.</i></p> <p><i>The administrator will review for completeness.</i></p>	<i>AG</i> <i>10-27-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Dolores L. Shores</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	The home did not have a copy of Staff Person "A" high school diploma, CNA certification or GED certification that was recognized by a state Department of Education.	9/1/11	<i>The CNA certificate is on file. The administrator will check for a certified GED or HS diploma. No online diplomas will be accepted. No staff person will provide unsupervised direct care w/o the necessary educational qualifications.</i> 10-27-11	<i>OK</i> 10-27-11

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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
services with reasonable skill and safety.				

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 10-27-11

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§1b Wheelchair, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident# 8, date of admission 03/31/2011 had a nebulizer treatment device sitting on his/her bed. The machine and the attached medicine cup both had visible dirt on the surface. The medicine cup had liquid inside. Staff member "B" said she did not know what the cleaning requirements for the machine and medicine cup were. She said the resident took care of the machine himself, and staff only provided the resident with medicine to put into the cup. Staff member "C" also did not know what the cleaning requirements were for the nebulizer machine.	9/1/11	<p>Staff has cleaned the nebulizer according to directions.</p> <p>Staff have also been instructed to help the resident with the cleaning if [redacted] agrees to the help. If at any time [redacted] does not agree, we will have [redacted] sign a paper.</p> <p>The administrator or [redacted] will check for continued cleaning.</p> <p>Staff are responsible for</p>	<p>AG</p> <p>10-27-11</p>

Maintaining equipment in good repair. AG 10-27-11

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SIGNATURE OF LEGAL ENTITY <i>Dorcas L. Shivers</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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
85a Sanitary conditions shall be maintained.	Fans in resident bedrooms #15 and #25 both had substantial dirt caked into the propeller screens that air flows through. Repeated Violations: 06/01/2010	9/1/11	Fans have been removed for cleaning and replacements made. Staff, including [redacted] of housekeeping, will check rooms for any fans in need of repairs or service. [redacted] will be responsible for service to any electrical units throughout the home. The administrator will oversee the continued maintenance.	Steps have been taken to correct violation; full compliance is not verifiable 10-27-11 [redacted] Initials (DPW)

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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairment, can safely move through the home and safely evacuate.	The exterior light outside the second floor fire escape was not operational when tested during the inspection process.	<i>9/1/11</i>	<i>The bulb has been changed. [redacted] has been instructed to continually check lighting throughout the Home. Staff has been instructed to notify [redacted] of any bulb changes needed. The Administrator will check for outages on a regular basis.</i>	<i>AG</i> <i>10-27-11</i>

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	Resident # 7 has an addendum in the resident record acknowledging the use of a folding chair. This addendum has been agreed to and signed by the power of attorney, not the resident.	<i>9/1/11</i>	<i>The resident has agreed + signed. The daughter, power of attorney, has been told that her father needs to also sign. All parts of the contracts will be signed by residents. The administrator or [redacted] will review. Administrator will check resident rooms on a weekly basis to insure every resident has a chair and folding chairs are in use as per this regulation.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable 10-27-11 [redacted] Initials (DPW)</i>

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

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103g Food shall be stored in closed or sealed containers.	inside the freezer of the refrigerator closet to the kitchen sink, a large bag of frozen chicken was found. The bag was clear plastic, and had no labeling. The plastic had several small tears. A pink tinted translucent liquid was observed directly below the bag of chicken on the shelf below.	<i>8/9/11</i>	<i>The chicken which had just been put into the freezer was removed, redated, & Refrigerator/freezer wiped out. The staff was instructed to make sure all items being put into the freezer are tightly closed, dated, & wiped clean for storage. The administrator or [redacted] will continue to review.</i>	<i>AT 10-27-11</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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103i Outdated or spoiled food or dented cans may not be used.	The home had a package of ham luncheon meat that was marked opened 7/15/11 and was found in the Kenmore brand refrigerator located in the kitchen.	<i>8/9/11</i>	<i>All food will be watched for outdated items and removed from use. Since this was marked when put in the freezer, the staff has been instructed to redate when removed from freezer and put into the refrigerator. Therefore, having an accurate usage date. The administrator or [redacted] will continue to assist, monitor for compliance.</i> <i>AJ 10-27-11</i>	<i>AJ</i> <i>10-27-11</i>

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

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10/20/2011

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	
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121a Stairways, hallways, doorways, passageway and egress routes from rooms and from the building shall be unlocked and unobstructed.	Resident # 9 was found with their Oxygen condenser placed in front of an emergency exit. This item was located directly in front of the exit door that was marked as an emergency exit.	9/1/11	The oxygen condenser was moved to the other side of the bed. Staff was instructed to make sure nothing is put in front of the exit door. The administrators are [redacted] or [redacted] will continue to monitor on a weekly basis. DGI 10-27-11	<i>AG</i> 10-27-11

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

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125b Combustible materials shall be inaccessible to residents.	<p>A "Char-broil quick set" propane grill was found immediately to the left of the smoker's hut door. There was a propane tank that was beige in color attached to the grill.</p> <p>A garage at the left rear of the home's parking lot was left open. The area was not supervised by the home's staff. There were two plastic 1-gallon gasoline containers found within the garage. One container had the words, "reg gas" written on it in black marker. On the other container the word "mixture" was written. Staff (Delores Sharer) admitted that the gasoline was kept in the garage and that staff had neglected to lock it immediately after accessing the area.</p>	<p><i>9/1/11</i></p> <p><i>9/1/11</i></p>	<p><i>The grill has been moved to an area approved by the inspectors.</i></p> <p><i>The garage door is being locked when staff are not near the location. Staff has been instructed to keep the garage doors locked.</i></p> <p><i>[Redacted] will monitor the garage doors and key with staff on duty.</i></p> <p><i>Administrator will make weekly checks to insure compliance. Act 10-27-11</i></p>	<p><i>Act</i></p> <p><i>10-27-11</i></p>

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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home conducted a fire drill on 05/03/2011 at 7:00 pm. The home's fire drill log did not address the number of staff persons participating in the drill on this date.	<i>9/1/11</i>	<i>There were two staff on duty on 5/3/11. All staff have been instructed to make sure all items are completed on the fire drill log when a fire drill is held. The administrator or designee will review. The designee will be [REDACTED]</i>	<i>CG</i> <i>10-27-11</i>

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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-27-11</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
	Mont	Date	Time	Evac. Time	ESE			
	Jan	01/27/2011	05:30 AM	2 mins 25 sec	No			
	Feb	02/14/2011	12:10 PM	1.min 35 secs	No			
	Mar	03/17/2011	09:45 AM	1 min 45 secs	No			
	Apr	04/06/2011	07:00 AM	1 min 50 secs	No			
	May	05/03/2011	07:00 PM	2 mins 00 sec	No			
	Jun	06/02/2011	08:00 AM	2 mins 16 sec	No			
	Jul	07/15/2011	05:00 AM	2 mins 19 sec	No			
	Aug	08/27/2010	08:40 PM	1 min 15 secs	No			
	Sep	09/27/2010	11:00 AM	2 mins 0 5sec	No			
	Oct	10/30/2010	12:00 PM	1 min 30 secs	No			
	Nov	11/27/2010	02:15 PM	2 mins 15 sec	No			
	Dec	12/31/2010	04:00 PM	2 min 21 secs	No			

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

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OFFICE DEPUTY

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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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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. Alvarez</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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
190c A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.	Staff person "D" did not have all the required elements needed to keep their medication training current. This individual did not have a copy their multiple choice exam, Student Certificate and the Trainer's Certificate. Staff person "D" was trained on 6/24/10 at another place of employment.	9/1/11	<i>Copies of the multiple choice exam has been received by us from Trainers. Also the trainer's certificate is now on file. The administrator will make sure the copy of the exam and training certificate always accompany the student's certificate. All training document will be faxed to the NE Regional office for review and approval. AG - 10-27-11</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>10-27-11</u> Initials (DPW) <u>AG</u>

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

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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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriam O'Malley, Anne Graziano	
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>Robert L. Sharer</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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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	Resident # 11 did not have a diagnosis or purpose for their Ambien CR -125 mg tab. To be taken prn at hour of sleep. Resident #1 did not have a diagnosis or purpose for their Actonel 35 mg to be taken once a week on Mondays at 7:00am	9/1/11 9/1/11	The MARs will be reviewed at the beginning of each month and when a new MAR is brought to the Care Home by the pharmacy to make sure the diagnosis has been included. If it has not, the diagnosis will be added. The administrator or designee will do the reviews. The designee will be [REDACTED] The home will fax corrected copies to the NE Regional office for review	Steps have been taken to correct violation; full compliance is not verifiable Date: 10-27-11 Initials (DPM)

Ann 10-27-11

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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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. Sharer</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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.				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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10/20/2011

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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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. Shaver</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10-27-11</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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident # 6, date of admission 03/06/2011, has a preadmission screen dated 03/05/2011 that does not address the resident's "other special care needs". This was left blank on the form in the resident record.	<i>9/1/11</i>	<i>The preadmission will be completed to include "other special care needs" or marked as "none". The administrator or designee will complete the preadmission to include other special care needs. The designee will be [redacted].</i> <i>The administrator will review new admission records for completeness, correctness and compliance. Corrected documents</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>10-27-11</i> <i>CR</i> Date Initials (DPW)

will be forwarded to NE Regional file for review. CR 10/27/11

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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriam O'Malley, Anne Graziano	
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 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>Resident # 7, date of admission 07/15/2011, has a new support plan in the resident record that does not address the resident's dental, hearing, mental health and behavioral needs. Upon review with the home's administrator, she agreed that the home did not conduct a complete and comprehensive support plan.</p> <p>Resident # 9, date of admission 03/31/2011, has a support plan that indicates "n/k" for dental needs, vision, care, hearing, mental health, behavioral needs and mobility. Upon review with the administrator, she stated that the resident's needs for these areas were not addressed.</p>	<p>9/1/11</p> <p>9/1/11</p>	<p>The residents support plans will address all areas as "continuing to assess" even when the resident does not have a current need for dental, hearing, vision, mental or behavioral health.</p> <p>The administrator will review all support plans for completion.</p> <p>The adm will fax corrected documents to NE Regional office for review. AG 10-27-11</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-27-11 Initials (DPW): AG</p>

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

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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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriam O'Malley, Anne Graziano	
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. Shaver</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Graziano</i>	DATE <i>10-27-11</i>

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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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan of resident #1, dated 06/07/11, was not signed by the resident.	<i>9/1/11</i>	<i>All support plans will be signed by the resident as well as others who may be participating. The administrator or designee will review the support plans for all appropriate signatures. The designee will be [redacted]. If support plans refuse to be signed by the resident, the home will document same. Oct 10-27-11 Corrected documents will be faxed to the NE regional office.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>09-27-11</i> Date <i>AS</i> Initials (DPW)

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

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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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Aime Graziano	
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>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aime Graziano</i>	DATE <i>10-27-11</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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name.	Resident # 8, date of admission 05/25/2011, has a resident record that does not contain any information regarding identifying marks Resident #s # 5 and # 4 were involved in an altercation in February, 2011. The home completed an incident report regarding this matter. Neither resident record contained a copy of the incident report pertaining to this matter.	<i>9/1/11</i> <i>9/1/11</i>	<i>All resident records will have something in identifying marks or will have the word "none". Resident #8 had none. The administrator or designee will review all resident records to be sure the item has been completed. The designee will be [redacted]. All incident reports will be filed in individual records as well as a central file. The administrator will do the filing for compliance.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>10-27-11</i> Initials (DPWM) <i>OS</i>

Licensee records will be forwarded to NE Regional office for review. OS 10-27-11

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

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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) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriann O'Malley, Anne Graziano	
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. Shaver</i>	DATE <i>9/1/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE <i>10/27-11</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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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10/20/2011

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	
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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>Patricia L. Straver</i>	DATE 9/1/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Graziano</i>	DATE 10-27-11

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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME SMITH S PERSONAL CARE HOME, 202 FRONT STREET P O BOX 65 WYALUSING, PA 18855		CURRENT LICENSE NUMBER 238780	
INSPECTION DATES (Include all dates of the inspection) 08/09/2011		REGIONAL REPRESENTATIVE Ann O'Haire, Meriam O'Malley, Anne Graziano	
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>Debra L. Shaver</i>	DATE 8/11/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 10-27-11

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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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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	
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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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

VIOLATION REPORT
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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				