

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SMITH HEALTH CARE LTD

LEGAL ENTITY

To operate SMITH HEALTH CARE LTD

NAME OF FACILITY OR AGENCY

Located at 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707

(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 93  
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 September 30, 2011 until September 30, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 229230

*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

OCT 31 2011

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

Dear Ms. Strittmatter:

As a result of the Department of Public Welfare's licensing inspection on September 21, 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.

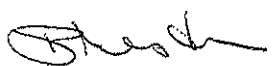
Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

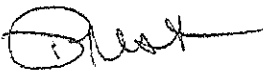
Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Smith Health Care, LTD, 453 South Main Road Mountain Top, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mozgalezyk</i>	DATE 10.7.11


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
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	Staff person A (hired 8/10/11) does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The staff person was retained beyond the 30-day provisional hiring period pending receipt of the education documentation.  <b>RECEIVED</b>  OCT 06 2011  SCRANTON FIELD OFFICE Adult Residential Licensing	10.4.11	Staff Person A is a CNA in Delaware & has been trying to retrieve her diploma. On 10/4 Employee went to Notary & had Affidavit signed - stating that she did receive her diploma  All new employee files will be monitored for timely completion & compliance 254a by Administrator. & submitted to QA quarterly  * The administrator will be responsible for ongoing compliance with this regulation	10.7.11  Date Initials (DPM) M.M. 10/7/11

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, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Mostkalczyk	DATE 10-07-11

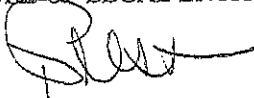
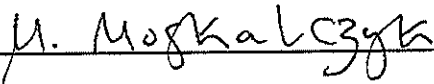
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.			Cont. from previous page	

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, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10/4/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskaleczyk	DATE 10-07-11

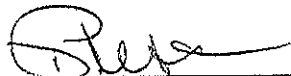
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person B (hired 3/9/07) did not receive training regarding fire safety, emergency preparedness, resident rights, Older Adult Protective Services Act, and fall and accident prevention for the 2010 training year.	10-4-11	<p>Staff Person B was in a per diem status in 2010 had not rec'd the annual inservice.</p> <p>This was an oversight on Administration. As employee was not working any hours during the annual inservice time.</p> <p>All current employee files were checked &amp; all are up to date.</p> <p>A list will be kept of all current employees (inc. ancillary staff) &amp; checked at the end of the calendar year to ensure compliance. This will be submitted to DA Annually at the end of the year by Admin.</p> <p>The administrator will be responsible for ongoing compliance with this regulation</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 10-7-11 Initials: [Signature]</p>

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, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 100711

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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				<i>Cont. from previous page</i>


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, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Moskalczyk	DATE 10-07-11

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.	The small refrigerators located in the ground level and first floor medication rooms contained both medication and various food items creating unsanitary conditions.	10-4-11	<p>All food was removed from the medication room refrigerators on 9/21/11. Staff will be instructed on 10/5/11 to use Employee lounge refreg. for their lunches. The med. room refreg. will be checked randomly by designer &amp; submitted to O&amp;A quarterly.</p> <p>* The administrator will be responsible for ongoing compliance with this regulation.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

mm 10/7/11

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, PA 18707		CURRENT LICENSE NUMBER 229230	
INSPECTION DATES (Include all dates of the inspection) 09/21/2011		REGIONAL REPRESENTATIVE Leslie Patton, Ann O'Haire	
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 10-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION M. Morsalezyk	DATE 10-07-11

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
141a 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.	The record of resident #1 (admitted 1/20/11) did not contain a medical evaluation.	10-4-11	<p>Res. # 1 had an NASI Completed by the previous (discharging) facility on admission to S.H.C.</p> <p>A new med. Eval was completed by PCPO</p> <p>All charts were checked &amp; are in compliance to Reg. 141a.</p> <p>Denique will monitor all admissions for compliance of Reg. 141a &amp; Submit to QA quarterly.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-7-11 Initials (DPM): M</p>