



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: June 6, 2012

Ms. Dolores L. Smith Sharer, Owner
Smith's Personal Care Home
47 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 January 12, 2012 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,

Anne Graziano

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) 01/12/2012		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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 3/15/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grozer</i>	DATE 5-15-12

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
52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	The home did not complete a Pennsylvania criminal history background check in accordance with the OAPSA on staff person A, hired on or about 8/24/11, who completes unsupervised ADL services to residents. The staff person was retained beyond the 30-day provisional hiring period. The actual date of hire was not recorded in Staff person A's record; the Employment Application was dated 8/24/11. <i>Direct Care Staff Person "A" will have their background check faxed to NE Regional Dile ASAP Completed 3-27-12</i>	<i>4/1/2012</i>	<i>All potential employees will have a criminal history background check completed on or by the end of the first week of employment. The administrator will complete the application for the checks. The Adm will conduct a thorough review of all existing employee files to insure that all employees were properly screened, reviewed, retained based on OAPSA requirements.</i> <i>CG 5-15-12</i>	<i>Steps have been taken to correct violation; full compliance is not verified.</i> <i>5-15-12</i> Date _____ Initials (DPV) _____

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) 01/12/2012		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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>Angie Horvath</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Meyer</i>	DATE 5-15-12

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
(relating to protective services for older adults) and other applicable regulations.				

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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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>Angie Horan</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Mazjed</i>	DATE 5-15-12

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	<p>Direct care staff person A (hired on or about 8/24/11) did not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry at the time of hire. Staff person A was retained as a direct care staff person beyond the 30-day provisional hiring period.</p> <p>Repeated Violations: 08/09/2011</p> <p><i>Enpl. A will meet the educational standards or be prohibited from doing direct care. If complete, edu. personals will be faxed to NE Region ASAP.</i></p>	<p>5/1/12</p> <p>Enrolled in GED on 2-8-12</p>	<p><i>Any new employee will not be hired without a HS diploma or GED. Direct care staff person A is completing the GED testing.</i></p> <p><i>Proof of a HS diploma or GED will be given to the administrator with the application before hiring.</i></p> <p><i>Adm will review all employee records to insure current direct care staff all have HS diplomas, GED's or current CNA certifications.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: _____ Initials (DPW): _____</p>

Certifications.
Q 5-15-12

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	
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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>Angie Brown</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 5-15-12

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>Angele Howard</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne K. ...</i>	DATE 5-15-12

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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	From 9:00 pm on 11/7/11 to 5:00am on 11/8/11 the home did not have a staff person certified in CPR or first aid when resident #1 was found unresponsive in bed and was transported by ambulance to Memorial Hospital in Towanda. It was determined through staff interviews staff person A worked alone on the shift this incident occurred. <i>Step 1st Aid & CPR cards will be faxed to NE Regional office</i>	<i>4/1/12</i>	<i>The administrators will see that all staff are CPR and first aid trained before being alone with residents.</i> <i>The Adm will review the staffing schedule every 2 weeks prior to being posted or assigned in order to insure proper coverage</i> <i>Q 5-15-12</i>	<i>Steps have been taken to correct violation; full compliance is not verified.</i> <i>5-15-12</i> <i>[Signature]</i> Date Initials (DPW)

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Angie Horwin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dee Luegic</i>	DATE 5-15-12

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A, hired on or about 8/24/11, did not receive any of the required trainings of this regulation. Resident Rights 3-23-12 OAPSA 3-30-12	4/1/12	The administrator will make sure all new staff are given all required trainings with proof of trainings to be in their individual files. The Admin used fax to the NE Regional Dir. 570 963-3018 all of the documents showing that staff person A has successfully completed the training requirements in Sec. 65a.	Steps have been taken to correct violation; full compliance is not verifiable. Date 5-15-12 Initials (DPV) <i>DPV</i>

65a. of 5-15-12

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

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SIGNATURE OF LEGAL ENTITY <i>Angie Gowin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Stoyko</i>	DATE 5-18-12

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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

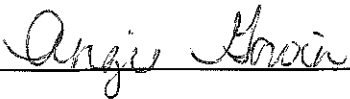
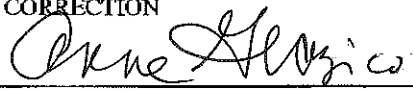
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Angie Gavin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Mr. A. Wozniak</i>	DATE 5-15-12

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A, hired on or about 8/24/11, did not receive any of the required trainings of this regulation. <i>Resident + Rights - JS 3-23-12 OAPSA 3-30-12</i>	<i>4/1/12</i>	<i>The administrator will make sure all new staff are given all required trainings within 40 scheduled working hours with proof of trainings to be in their individual files. The Adm will fax to the NE Regional office 570-963-3018 all of the documents showing that Staff person A has successfully completed all the requirements of 65-b</i>	<i>Steps have been taken to correct violation, full compliance is expected. Date: 5-15-12 Initials: DG</i>

5-15-12

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

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SIGNATURE OF LEGAL ENTITY 	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5-15-12

REGULATION 55 Pa.Code §2600 and conditions.	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

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Angie Gorvin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Wojcik</i>	DATE 5/15/12

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Staff person A, hired on or about 8/24/11, did not receive training in #s 1 and 3 of this regulation. Interviews with staff persons indicated staff person A worked alone from 9:00 pm on 11/17/11 to 5:00 am on 11/18/11. <i>JS - on-line training completed 8-31-11 diabetes training 3-16-12 falls & safety prevent. 4-13-12.</i>	<i>4/1/12</i>	<i>The administrator will make sure all new staff are given the direct care training course and job duties training immediately before being left alone to work with residents. The Adm will fax to the NE Regional Office @ 570-463-3018 all the required documents to successfully demonstrate that direct care emp A has complied w/ 65d.</i>	<i>5/15/12</i> Steps have been taken to correct violation; full compliance is not verified. <i>5/15/12</i> Date Initials (DPP)

Q 5-15-12

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

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SIGNATURE OF LEGAL ENTITY <i>Angie Horvath</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Armando Szjiko</i>	DATE 5-15-12

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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual				

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SIGNATURE OF LEGAL ENTITY <i>Angie Howin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Legasco</i>	DATE 5/15/12

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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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<i>Angie Hovine</i>	5/23/12	<i>Onne Grigzo</i>	5-15-12

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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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SIGNATURE OF LEGAL ENTITY <i>Angie Horvath</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Wynia</i>	DATE 5-15-12

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	<p>• On 11/7/11 during the 9:00pm – 5:00am shift the home did not have a staff person trained to administer medications to residents when resident #1 was found unresponsive in bed and had to be transported to Memorial Hospital in Towanda. Staff person A did not receive the required Department-approved medication administration course and was working alone from 9:00 pm on 11/7/11 to 5:00 am on 11/8/11.</p> <p>In addition, staff person B stated if a resident requires a PRN medication during the 9:00pm – 5:00am shift, the staff person who is not trained to administer medications to residents will give the resident "ginger ale for stomach discomfort" and the PRN medication would be administered on the next shift. Review of the November 2011 medication administration record indicated the following residents had PRN orders on 11/7/11:</p> <p>Resident #2 – PRN Acetaminophen 500mg take 1 tablet as directed for pain/high temperature/headache</p> <p>Resident #3 – PRN Bismuth Maximum Str liquid used as directed</p>	4/1/12	<p>The administrator will make sure all staff are trained to give medications with all accompanying records retained in the a file for review. All records will be complete including the actual test paper and score sheet.</p> <p>Adm will fax all of the staff training documents related to passing B meds to the NE Regional Office @ 570-963-3018 in</p>	<p>Steps have been taken to correct violation, full compliance is not verified.</p> <p>5/12/12 Date Initials (DPI)</p>

Order to demonstrate compliance w/ staff med adm. training

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SIGNATURE OF LEGAL ENTITY <i>Argie Horvath</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl Gray W</i>	DATE 5-15-12

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
(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	<p>Resident #4 – PRN Tussin DM Syrup take (1) teaspoon by mouth every four hours as needed for cough and Milk of Magnesia use as needed as directed</p> <p>• Direct care staff person C's Department-approved medication administration training was incomplete. This direct care staff person is not currently qualified to administer medications to residents:</p> <p>Annual Practicum completed 3/30/10 No Student Certification Form completed within 12 months of the previous training completed on 4/25/09</p> <p>Annual Practicum completed 2/17/11 No Student Certification Form completed within 12 months of the previous training completed on 3/30/10</p> <p>Staff person C administered medications to resident #1 on 11/7/11. In addition, interview with this staff person and review of medication administration records indicated staff person C</p>			

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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>Angie Howie</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-15-12

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
	has administered medications to residents on a regular basis throughout November and December 2011 and January 2012.			

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) 01/12/2012		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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>Angie Howin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Mrs G. G. G. G.</i>	DATE 5-15-12

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
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medication administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	<ul style="list-style-type: none"> Staff person A did not receive the required Department-approved medication administration course or diabetic training. Staff person A worked alone on the night of 11/7/11 when resident #1, who is a diabetic, was found unresponsive in bed and had to be transferred to Memorial Hospital in Towanda for an overdose of insulin. Staff person C's Department-approved medication administration training was incomplete and, therefore, is not currently qualified to administer insulin to residents. Review of the medication administration record indicated staff person C administered insulin to resident #1 in November 2011. <p align="center"><i>Insulin Training</i> 3-16-12 <i>Q</i> 5-23-12</p>	4/1/12	<p><i>The administrator will make sure all direct care staff received diabetic training as well as medication training before working alone with residents and all proof of training will be put in the current file.</i></p> <p><i>Add will fax the insulin training for staff A&C, along w/ the diabetes educator's credentials to the NE Regional Office for review</i></p> <p align="center"><i>Q</i> 5-15-12</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>Q</i> Date 5-15-12 Initials (DPW)</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) 01/12/2012		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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>Angie Gavin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Due to [unclear]</i>	DATE 5-15-12

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	<p>The November 2011 medication administration records for the following residents did not include the required information on them:</p> <p>Resident #1 for Zocor 40mg – diagnosis or purpose for the medication</p> <p>Resident #2 for PRN Acetaminophen – route of administration</p> <p>Resident #3 for PRN Bismuth Maximum Str liquid – Dosage form, dose, route of administration, diagnosis or purpose for the medication</p> <p>Resident #4 for PRN Milk of Magnesia suspens – Strength, dosage form, route of administration, diagnosis or purpose for the medication</p> <p>Repeated Violations: 08/09/2011</p>	4/1/12	<p>The administrator or assistant, [redacted] will be overseeing the MARs on a weekly basis to be sure all required information is on them.</p> <p>Verified May MARs 5-23-12 67 [initials]</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 5/23/12 Initials (DPW): [initials]</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) 01/12/2012		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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>Angie Martin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chene L. ...</i>	DATE 5-15-12

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.				