



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 February 28, 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) 02/28/2012		REGIONAL REPRESENTATIVE Betty Bloch	
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>3/27/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orville Grozian</i>	DATE <i>5-15-12</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
43b A resident's rights may not be used as a reward or sanction.	Through resident interviews conducted on 2/28/12, it was determined on at least two separate occasions that staff persons have informed residents that a meal would be withheld if the resident does not comply with staff direction.	<i>4/1/12</i>	<i>Staff have been trained by the local ombudsman on 3/23/12 in Residents' Rights. All staff are trained annually on Residents' Rights. The Administrator has spoken with all staff members and will continually monitor through residents to make sure their rights are not compromised.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>DPW</i> Date _____ Initials (DPW)

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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 Harvin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Gray's</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 persons A (hired 2/1/12) and B (hired 4/31/11) did not receive the required initial trainings in the OAPSA and Resident Rights.	4/1/12	The administrator will make sure all staff are trained in the OAPSA and Resident Rights and proof of training are in their individual files. Staff Member A & B will receive training to make up for the missed topic in 2011 as soon as possible 5-15-12	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Do not have been taken direct violation; full compliance is not verified</p> <p>Date: 5-15-12 Initials: RB</p> </div>

VIOLATION REPORT
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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 Savin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Gragic</i>	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

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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 Gowin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Angie Gowin</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
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 persons C (hired 12/1/03) and D (hired 1/18/97) did not receive annual training in the OAPSA or Resident Rights. The training year was identified as 9/1/10 - 8/31/11 by staff person E, who is administrator. Staff person E stated annual trainings in the OAPSA or Resident Rights has not been completed for the current training year identified as 9/1/11 - 8/31/12.	4/1/12 4/1/12	The administrator will make sure OAPSA and Resident Rights are completed each yr by all staff. The Resident's Rights training was given and completed by our local ombudsman on 3/23/12 for our current yr. The OAPSA training for all staff and current year training was given on 3/30/12 by Krista Leppert of Area Agency on Aging. The Adm will maintain a calendar, updated annually, w/required trainings listed to assure proper trainings occur annually. CQ 5-15-12	Steps have been taken to correct violation. Full compliance is not verifiable. Date 5-15-12 Initials (DPM) <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Angie Anwin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Angie Anwin</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
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.				

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SIGNATURE OF LEGAL ENTITY <i>Angie Gowin</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
66a A staff training plan shall be developed annually.	The home did not have an annual staff training plans developed for the training years identified as 9/1/10 - 8/31/11 and 9/1/11 - 8/31/12.	4/1/12	The administrators will have one notebook for annual staff training plans for staff for each plan years. The Admin will fax the 2011-2012 training plan to the NE Regional Office @ 570-963-3018 for review & comment if needed. <i>[Signature]</i> S-15-12	Steps have been taken to correct violation; full compliance is not verifiable Date: <u>5-15-12</u> Initials: <u>[Signature]</u> (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Angie Kovin</i>	DATE 5/23/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Gray</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
201 The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others.	Through resident interviews conducted on 2/28/12, it was determined that staff persons, including staff persons C and D, raise their voices and yell at residents. Also, staff members have told a resident it will dispose of the resident's clothing in the "dumpster" if it is not stored in the resident's closet or dresser.	4/1/12	The administrator has spoken with all staff about using positive interventions as well as additional trainings completed in March for Residents Rights and OAPSA with certificates in each staff members files. Adm will insure that positive interventions are used by maintaining a regular presence in the home and monitoring staff interactions w/ residents.	Steps have been taken to correct violation, full compliance is not verifiable Date <u>5-15-12</u> Initials (DPW) <i>[Signature]</i>

Adm will document observations in a calendar or diary - documentation will be 5-15-12 maintained.