

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, 2012** until **November 1, 2013**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **238780**

Robert E. Robinson

ISSUING OFFICER

[Signature]

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

DEC 14 2012

Dolores L. Smith Sharer
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 (Department) licensing inspection on September 11, 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 Human Services 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 "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: SMITH S PERSONAL CARE HOME		License Number: 238780
Address: 47 FRONT STREET P O BOX 65, WYALUSING, PA 18853		County: Bradford
Administrator: Dolores Sharer		Region: NORTH
Legal Entity Name: DOLORES L SMITH SHARER		
Legal Entity Address: P.O. BOX 65, WYALUSING, PA 18853		
Certificate(s) of Occupancy LP 07/30/1987 Department of L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2012: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 34 Number of Residents Served: 20 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(f) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's staff training record completed for direct care staff person A documenting completion in Fire Safety and Emergency Preparedness, Resident Rights, the Emergency Medical Plan, the Older Adult Protective Services Act, and Reportable Incidents and Conditions does not include the date the training was completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The date was added to the training documentation.
The administrator or designee, [redacted] will see that the training documentation is complete with all necessary information.

The adm will review staff training on a monthly basis to measure compliance and ensure that all required elements of staff training are properly recorded. Documentation of these monthly reviews will be maintained by the home and provided to reps of the Dept. upon request.
D.S. 11-8-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Dolores Sharer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOLORES SHARER Date 9/29/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-08-12 (Date)

Plan of correction implementation status as of 11-08-12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The home's freezer section of the main refrigerator located in the kitchen does not have a thermometer, and therefore the temperature of the freezer can not be measured to ensure food is being stored at the proper temperature.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The thermometer was in the freezer under some food. The thermometers in the freezers will be attached (have been) to the wire shelves where temperatures can be monitored more easily.

The administrator and/or designee, [redacted] will monitor all thermometers in the freezers + refrigerators

on a weekly basis to ensure compliance.

The home will document these reviews and provide them to reps of the Dept. upon request.

JS 11-08-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Dolores Sharer

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

DOLORES SHARER

Date

9/29/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-08-12 (Date)

Plan of correction implementation status as of

11-08-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature] (Initials)

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The home has not had a fire safety inspection completed annually as required. The home's most recent fire safety inspection completed by a fire safety expert was completed on 8/30/10.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The local fire chief was contacted to do a fire safety inspection as soon as possible.
The administrator or designee, [redacted] will see that a fire safety inspection is done on an annual basis.

*Coordinating Volunteer Fire Dept. scheduled to be on site 11-14-12. Upon completion of the observed fire drill and fire safety inspection. The home will fax the 1326 leaves to the NE Regional office @ 570-963-3018
[Signature] 11-13-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) [Signature: Dolores Sharer]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOLORES SHARER Date 9/29/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-13-12 (Date)

Plan of correction implementation status as of 11-13-12 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse
 PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must 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.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records indicate that on 11/5/11 there were 27 residents in the facility when the alarm sounded. The fire drill record indicates that the home evacuated 24 of the 27 residents. Department Representatives determined that there were only 24 residents in the home when the alarm sounded and that all 24 residents evacuated, however the home incorrectly documented this on the record.

The home's fire drill records do not indicate the specific time of day (AM or PM) for the fire drills held on 8/15/11 and 4/9/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A training of all staff on the completion of a fire drill log was held to review the proper completion of the form.

The administrator or designee, [REDACTED] will review the log after each drill.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/09/2011
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dolores Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DOLORES SHARER</i>	Date <i>9/29/12</i>
---	------------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-08-12
 (Date)

The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 11-08-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jease PCH Name: SMITH'S PERSONAL CARE HOME	
1. REGULATION 55 Pa. Code §2600 2600.132(a) - A fire drill shall be held during sleeping hours once every 6 months.	
2a. DESCRIPTION OF VIOLATION Department Representatives interviewed Administrator B and determined that the home's sleeping hours are from 10:00pm to 8:00am. Based upon the sleeping hours the home has not conducted a fire drill during sleeping hours within the last six months as required. The last sleeping hours fire drill was conducted on 7/15/11.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p style="font-size: 1.2em;">A fire drill during sleeping hours, before 6 AM, will be held immediately and then will be held once every 6 months thereafter.</p> <p>The Administrator or designee, [REDACTED], will review fire drills during sleeping hours for compliance. Upon completion of the sleeping hour drill, the adm or designee will fax the home's fire drill log to the NE Regional Office @ 570-963-3018 for review and approval.</p> <p style="text-align: right; font-size: 1.2em;">CS 11-8-12</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOLORES SHARER	Date 9/29/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-8-12</u> (Date)	Plan of correction implementation status as of <u>11-08-12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse PCH Name: SMITH'S PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.132(f) - Alternate exit routes shall be used during fire drills.	
2a. DESCRIPTION OF VIOLATION The home is not alternating exit routes utilized during fire drill evacuations as required. The home utilized "ALL" exit routes during the fire drills conducted from 4/9/12 through 8/24/12.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p style="font-family: cursive;">A fire drill has been completed using some alternate exit routes for evacuations.</p> <p style="font-family: cursive;">The administrator or designee, [REDACTED] or [REDACTED], will review fire drill records for compliance with alternate exit routes.</p> <p style="font-family: cursive;">This review will be completed on a monthly basis and the home will document these reviews in order to maintain compliance with the use of alternate exits on a monthly basis.</p> <p style="text-align: center; font-family: cursive;">EG 11-08-12</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOLORES SHARER	Date 9/29/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-08-12</u> (Date) The above plan of correction was approved by <u>EG</u> (Initials)	Plan of correction implementation status as of <u>11-08-12</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 2/9/12 at 8:00pm the home conducted a fire drill. At the time the alarm sounded there were 24 residents in the facility. The home did not evacuate all residents as required. The home evacuated 23 of the 24 residents to the designated meeting place. It was determined through an interview with Administrator B that the home failed to evacuate resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff training was held to review the procedures for evacuating all residents and the follow up completion of the form. They were instructed to list actual number of (bodies) residents at the Home during the time of the drill and not include a resident if the resident happened to at Layre Behavioral Science at the time.

The administrator or designee, [redacted] will review the proper completion of the form after a fire drill. This review will take place on a monthly basis in order to review procedures and insure compliance going forward. Documentation of these monthly reviews will be retained by the home and provided to reps from the Dept. Upon request residents will also be counseled and instructed about fire drill evacuation procedures.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Dolores Sharer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

DOLORIS SHARER

Date

9/29/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11-8-12 (Date)

Plan of correction implementation status as of 11-8-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse

PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the facility on 12/1/11. The resident's medical evaluation was completed on 12/21/11. The medical evaluation did not include the residents medical diagnosis including physical or mental disabilities, Medical information pertinent to diagnosis and treatment, Special Health or Dietary Needs or the resident's Medication regimen, contraindicated medications, medication side effects and the ability to self administer medications.

Resident #3 was admitted to the facility on 9/16/10. The residents annual medical evaluation completed on 10/5/11 does not include the residents medical diagnosis including physical or mental disabilities, Special health or dietary needs of the resident, or Medication regimen, contraindicated medications and any medication side effects. The medication Addendum states "See Attached." The attached sheet including the resident's medication addendum is dated 9/20/10 and is more than one year prior to the residents current medical evaluation dated 10/5/11 being completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The medical evaluations have been completed as required.

The administrator or designee, [redacted], will review all medical evaluations in the future for completion of all information and make sure all information is current. All existing medical evals will be audited to insure full compliance with this regulation. The adm or designee will develop a tracking sheet or checklist to track the required elements of the resident record, including resident health records. This review should be performed monthly. Staff person performing the check will initial and date the tracking sheet. These records will be retained for review by Dept. Reps upon request. 11-08-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Dolores Sharer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DOLORS SHARER** Date *9/29/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-08-12 (Date)

Plan of correction implementation status as of 11-08-12 (Date)

The above plan of correction was approved by *DS* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse PCH Name: SMITH'S PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - 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.	
2a. DESCRIPTION OF VIOLATION Resident #4 was admitted to the facility on 7/10/12. The residents preadmission screening form is not dated and therefore it can not be determined if it was completed prior to admission. The preadmission screening form also does not designate whether or not the home can meet the needs of the resident based on the services provided at the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The preadmission form was completed with the correct date and a checkmark added for yes the home can meet the resident's needs.</p> <p>The administrator or designee, [REDACTED], will review all preadmission forms for proper completion. All existing resident records will be audited to insure compliance. Future reviews will be done for all new admissions at time of admission. A records of these reviews will be maintained by the home and provided to Dept. reps upon request. <i>ES</i>, 11-8-12</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 08/09/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DOLORES SHARER</i>	Date <i>9/29/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-8-12</u> (Date)	Plan of correction implementation status as of <u>11-8-12</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse PCH Name: SMITH'S PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	
2a. DESCRIPTION OF VIOLATION Resident #2 was admitted to the facility on 12/1/11. The resident's assessment was not dated upon its completion, and therefore it can not be determined if it was completed within the required time frames.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The new assessment forms have been completed. Mr Hummel explained the proper completion of the form.</p> <p>The Administrator or designee, [REDACTED], will complete all assessment forms as required as per instructions of Mr Hummel.</p> <p>The adm or designee will audit all current resident records to insure compliance. Adm or designee will create a checklist of all required elements of the resident(s) records and review monthly for all new & annual resident events. The staff person completing the review will initial and date their work. These checklists will be retained by the home and provided to Dept reps upon request. <i>D.S.</i> 11-8-12</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DOLORES SHARER</i>	Date <i>9/29/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-8-12</u> (Date)	Plan of correction implementation status as of <u>11-8-12</u> (Date)
The above plan of correction was approved by <u><i>D.S.</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse	
PCH Name: SMITH S PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	
2a. DESCRIPTION OF VIOLATION Resident #2 was admitted to the facility on 12/1/11. The resident's assessment which was not dated upon completion, states the resident requires total physical assistance with laundry, securing and using transportation and making and keeping appointments. The resident's assessment also states that the resident has minimal mobility needs and requires minimal supervision. The residents support plan which was not dated upon completion does not specify what these specific resident needs are, or how the home plans to provide support and care to meet the resident's needs.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p>The new support plan forms have been completed through the instructions of Mrs Hummel.</p> <p>The Administrator or designee, [REDACTED] will complete the new support plan forms as required as explained by Mrs Hummel.</p> <p>The adm or designee will audit all current resident records to insure compliance. Adm or designee will create a checklist of all required elements of the residents records and review monthly for all new and annual resident events. The staff person completing the review will initial and date their work. These checklists will be retained by the home and provided to Dept. reps upon request.</p> <p style="text-align: right;">11-8-12</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DOLORES SHARER	Date 9/29/12
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-8-12</u> (Date)	Plan of correction implementation status as of <u>11-8-12</u> (Date)
The above plan of correction was approved by <u>XCS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 09/11/2012 - Hummel, Jesse	
PCH Name: SMITH'S PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.251(c) - The home shall use standardized forms to record information in the resident's record.	
2a. DESCRIPTION OF VIOLATION Resident #4's most recent medical evaluation was completed on 7/2/12, however the medical evaluation was not documented on the Department's required Documentation of Medical Evaluation (DME) form which was required as of 7/1/12.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
<p style="font-family: cursive;">A DME was completed and documented as required.</p> <p style="font-family: cursive;">The administrator or designee, [REDACTED] will see to having the DME completed at the same time as the MA-51, having both on file for documentation.</p> <p style="font-family: cursive;">Adm or designee will audit all resident records to insure compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dolores Sharer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DOLORES SHARER</i>	Date <i>9/29/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11-8-12</u> (Date)	Plan of correction implementation status as of <u>11-8-12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented