



Sent via email to: [REDACTED]

**MAILING DATE: October 2, 2013**

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 June 10, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure



Violation Report: 23878 - 06/10/2013 - OHaire, Anne  
 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's #1 Medical Evaluation form dated 10-05-12 did not contain a list of the resident's medications. The form said "see attached medication list" and no list was present.  
 Resident #2's Medical Evaluation form dated 10-17-12 did not contain a list of the resident #2's current medications.

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.

It is important that we follow the regulation for the safety and well being of our resident. The regulation was violated because we had a medical evaluation form from 10-05-12 that did not contain a list of the resident's medications. The form said "see attached medication list" and no list was present. This occurred for two residents medical evaluation forms. The violation was caused by there not being an attached form of the medications where it was specifically listed "see attached medication list". To fix this violation right away we will go through all of our residents medical evaluation forms and be sure that all medication list are attached unless the form says other wise. To prevent this violation from happening in the future, we will be sure to always check our paperwork and make sure everything is there that is needed. The responsible party for this will be the administrator.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2012	<del>6/18/2013</del>
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Asisstant Administrator	Date 8/1/2013
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 8-6-13  
 (Date)

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

Plan of correction implementation status as of 8-6-13  
 (Date)

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

Violation Report: 23878 - 06/10/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1's Medical Evaluation Form dated 10-05-12 was completed on an outdated Medical Evaluation form and is not acceptable as a current annual medical evaluation.

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.

This regulation is important for that we know of any health or medication changes for the resident. The regulation was violated because our home had a Medical Evaluation form dated from 10-05-12 that was completed on an outdated form and that is no longer acceptable as a current annual medical evaluation. It is important for our home to stay up to date with DPW's forms. The cause of the violation was that we had a resident that had a medical evaluation completed on an outdated form that is no longer acceptable. To fix this from happening in the future, we will make sure we stay up to date with all of DPW's forms. To prevent future violations we will stay on top of all of our paper work and be sure we are using the right forms. The responsible ones will be the administrator.

*Adm or designee will audit all existing resident + Med evals to insure compliance. A record of this audit will be completed by the home and retained for review by the Department. Sp. 8-6-13*

*Confirmed by phone w/cc 8-6-13*

*NO*

Repeat Violation: No **YES** Date(s) of Previous Violation(s): ~~6/18/2013~~

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator Date 8/1/2013

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Plan of correction implementation status as of 8-6-13 (Date)

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Violation Report: 23878 - 06/10/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

Resident # 2's most recent assessment was completed in October 2011 and no current annual assessment has been completed for October 2012 until present 06-10-13.

**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.*

This violation is important that we do an assessment annually or if significant change or at request from the Department for all of our residents. The regulation was violated because the most recent assessments for one of our residents was completed in October 2011 and no current annual assessment has been completed until present 6-10-13. The cause of the violation was not having the proper dates and assessment's for our resident. To fix the violation we will make sure all our residents have the correct annual assessments or if significant change or at request from the department. To prevent future violations we will check over our paper work. The responsible ones will be the administrator.

*The Admor designee will audit all existing resident records to insure compliance. Documentation of this audit, and any corrective steps taken is necessary. The home will retain this documentation for review by the Department.  
 QP. 8-6-13*

*Confirmed by phone w/ cc on 8-6-13*

*NO*

Repeat Violation <del>No</del>	Date(s) of Previous Violation(s): <del>6/18/2013</del>	<i>QP</i>
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant administrator	Date 8/1/2013
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23878 - 08/10/2013 - O'Haire, Anne  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not have an updated resident assessment for Resident #2 since October 2011. Resident #2 did not have a support plan completed since October 2011.

**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.*

This regulation is important so we are aware of any changes or how to meet the needs of our residents and to inform our staff. The regulation was violated because our home did not have an updated resident assessment since October 2011 and no support plan completed since October 2011. The cause of the violation was our paperwork was incorrect and we have not done an assessment or support plan for Resident #2 since 2011. To fix this violation we will make sure this doesn't occur again and make a tickler system so it can help us be more organized. To prevent this from happening again i created a tickle system for all of our forms. The responsible party will be the administrator.

*The Administrator or designee will audit all existing resident records to insure compliance. Documentation of this audit, and any corrective steps taken if necessary. The home will retain this documentation for review by the Department.*  
*CC. 8-6-13*

*Confirmed by phone w/ cc 8-6-13*

*NO*

Repeat Violation: ~~Yes~~ *NO*      Date(s) of Previous Violation(s): ~~5/18/2013~~ *CC*

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Chelsie Calaman Asst. Administrator      Date 8/1/2013

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Violation Report: 23878 - 06/10/2013 - O'Haire, Anne

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 #1's most recent Medical Evaluation was completed on 10-05-12; however the Medical Evaluation Document was not on the required Medical Evaluation Document (DME) that is required by the Department as of 07-01-12.

**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.

It is important that we follow DPW and their updated forms that come out that way we are using the proper ones and receiving all the information that is required. The regulation was violated because we used the improper form. The cause of the violation is that a resident had their most recent medical evaluation completed on 10-5-12, however the medical evaluation form was not on the required medical evaluation form from DME. To fix this from happening again we will make sure we use the proper forms that DPW has. To prevent this from happening we will stay up to date with DPW and their new forms. The responsible ones will be the Administrator.

Adm or designee will audit all existing resident records to insure required forms are in use. Documentation of this audit will be retained, as well as any corrective steps taken to insure compliance. These audits will be retained by the home for review by the Department. *P.*

Confirmed by phone w/ CC on 8-6-13

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/11/2012

~~6/18/13~~ *P.*

Signature of Legal Entity Representative

(Required on EVERY Page)

*Chelsie Calaman*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Chelsie Calaman Asst. Administrator

Date 8/1/2013

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