



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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 18, 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,

Michele Moskalczyk

Michele Moskalczyk
Regional Licensing Administrator

Enclosure

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

PCH Name: SMITH S PERSONAL CARE HOME		License Number: 23878
Address: 47 FRONT STREET P O BOX 65, WYALUSING, PA 18853		County: Bedford
Administrator: Dolores L. Smith Sharer		Region: NORTHEAST
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 Dept. of Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
06/18/2013: Rushin, Julienne; O'Haire, Anne		
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 who:	
Number of Residents Served: 24	Receive Supplemental Security Income: 23	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 14	
Area:	Have Mental Illness: 12	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 9	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 23878 - 06/18/2013 - Rushin, Julienne

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.63(d) - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with their training, unless the resident has a "do not resuscitate" order.

2a. DESCRIPTION OF VIOLATION

During a site visit to the home, staff training was reviewed. No primary care giving staff or ancillary staff persons had a current CPR and First aid certification. The administrator staff person "A" stated that the home was conducting training on CPR and First aid on 06-20-13. The employee's training record reflects that the employees' CPR and First aid certification expired on 05-21-13.

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 regulation is very important for all staff to be trained in CPR and First Aid. This regulation was violated because staff certifications for CPR and First aid expired on 5-21-13 and were scheduled to take the training on 6-20-13. It is important that at least one staff person at all times in the home is trained in CPR and First aid. The violation was caused by staff having expiring certifications in CPR and First aid training. To fix this violation, staff was trained 6-20-13, and we will be sure next time to schedule training before the certifications are outdated. To prevent this violation from occurring again, we will be sure to schedule training before the certifications expire. Responsible party for this violation from reoccurring will be the administrator.

Cont. →

Repeat Violation: No

Date(s) of Previous Violation(s):

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 Assist Administrator

Date
7-10-13

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

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

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

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

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

Violation Report: 23878 - 06/18/2013 - Rushin, Julienne

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Violation Report: 23878 - 06/18/2013 - Rushin, Julienne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(a) - 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 location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe 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.

2a. DESCRIPTION OF VIOLATION

Primary care staff person "B" DOH 12-13-12 primary care training record did not reflect that they had received the required orientation training. Staff person "B" employee training record did not have record they received training on the following topics:

1. Evacuation procedure
2. Staff duties and responsibilities during a fire drill or fire emergency.
3. Designated meeting place
4. Smoking procedures and home policy on smoking.
5. The location and use of the home's fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use in a emergency.

Staff person "B" DOH 12-13-12 did not have included in their employee training record that they had received training during their first 40 hours on the following topics:

1. Resident rights
2. Emergency Medical plan
3. Mandatory reporting of abuse and neglect under the older Adult Protective Services Act.
4. Reporting of reportable incidents and conditions.

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 very important so that we know all staff is trained in the following categories;evacuating procedure,staff duties, designated meeting place outside the building for fire-safety, the location of all fire extinguishers,smoke detectors and fire alarms, and telephone use and notification of emergency services. The regulation was violated because one staff member had not had her primary care training in her folder that she had signed she had received the orientation. The cause of the violation was, we did not have the document in the staffs book stating she received the primary care training. To fix this violation we will make sure to put the document in her folder. To prevent this from happening again we can do a check up on everyones files to make sure the appropriate documents are in the book. The responsible ones for this to not happen again will be the administrator.

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