



SEP 21 2013

Ms. Donna Strittmatter, President
Smith Health Care LTD
453 South Main Road
Mountain Top, Pennsylvania 18707

Dear Ms. Strittmatter

As a result of the Department of Public Welfare's licensing inspection on August 9, 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.

Your regular license for the period October 1, 2013 to October 1, 2014 was issued on June 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky". The signature is written in a cursive style with a long horizontal stroke at the end.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

PCH Name: SMITH HEALTH CARE LTD		License Number: 22923
Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707		County: Luzerne
Administrator: TAMMY PRESTON		Region: NORTHEAST
Legal Entity Name: SMITH HEALTH CARE LTD		
Legal Entity Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707		
Certificate(s) of Occupancy C-2 LP 08/09/2013 PA L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 75 Waking Staff: 56		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/09/2013: O'Haire, Anne; Yellenic, Cindy		
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: 93 Number of Residents Served: 75 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 68 Have Mental Illness: 12 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22923 - 08/09/2013 - OHaire, Anne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Administrator, staff person "A", completed only 16 of the required 24 hours annual training for the training year 2012.

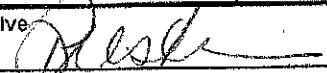
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 for the administrator and all employees to maintain training throughout the year to stay current on regulations, & up to date on care of residents.
 The adm. did not have evidence of 24 hrs of training for the 2012 calendar year. The administrator miscalculated hours completed for the 2012 year.
 The Admin. will show evidence of 32 hours of training this current year. Making up the 8 hours short for the 2012 year.
 The Admin will have to present training hours to the QA Committee for review every quarter.

The QA committee will review all annual training records of staff along w/ the adm. Training on a quarterly basis. A complete review will occur by Dec. 31st to ensure compliance.
 The Administrator will submit the annual training of at least 32 hours upon completion, but no later than Dec. 31st.

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

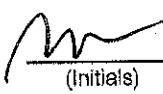
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy Preston Date 9/30/13

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The above plan of correction is approved as of 9/4/13 (Date)

Plan of correction implementation status as of 9/4/13 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 22923 - 08/09/2013 - O'Haire, Anne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home has a pattern of conducting their fire drills during the last few days in the month. The home had one drill that was held on 11/12/12. All other fire drills were conducted during the last week of each month.

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.

Monthly fire drills need to be completed at different times + days to ensure staff unawareness.
 The facility does have monthly fire drills - unannounced + on different days + different times of the day.
 All 3 shift are covered during drills. The drills do tend to fall on the last week of the month even though different days + times.
 Adm. spoke with [redacted], Fire Safety Expert, whom conducts the drills + he will have more sporadic drills throught the month.
 The adm. will submit drills to QA quarterly for review.
 • The administrator shall monitor for ongoing compliance.

m 9/4/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TAMMY PRESTON RCHA** Date **9/30/13**

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

The above plan of correction is approved as of <u>9/4/13</u> (Date)	Plan of correction implementation status as of <u>9/4/13</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