



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

**MAILING DATE: September 4, 2014**

Ms. Dolores L. Smith Sharer, Owner  
Smith's Personal Care Home  
47 Front Street, P.O. Box 65  
Wyalusing, Pennsylvania 18853


RE: Smith's Personal Care Home  
License # 238781

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's licensing inspection on August 21, 2014 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 must be maintained.

Sincerely,

  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 23878 - 08/21/2014 - Patton, Leslie  
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Valproic Acid 250mg/5ml one teaspoon to be administered three times a day. On 8/6/14 the order was changed to be administered twice a day. The home did not start administering the medication correctly as prescribed on 8/6/14 until 8/12/14.

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 plan of correction has been impleted on 9-3-14.  
 a sign off sheet will be issued for [redacted] and [redacted] to record their activities.

see attached pages

The administrator shall monitor and assure ongoing compliance.

M  
 9/4/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/09/2014	12/19/2013
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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 Asst. Admin Date 9-3-2014

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

The above plan of correction is approved as of 9/4/14  
 (Date)

Plan of correction implementation status as of 9/4/14  
 (Date)

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

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

Smith's Personal Care Home  
Follow Up

187d

Plan of Correction 2

Cont

Date: 9-03-2014

Once the summaries from the Doctor's office are received at the Care Home: [redacted] will follow through with the pharmacy for medication changes. She will then discontinue any medications on the MAR which have been stopped by the Doctor. When new medication(s) or changed medication(s) are delivered, she will then match the label to the summary sheet from the Doctor's office and record all required information on the MAR.

[redacted] will be responsible to do the daily medication check list (see attached). Dolores Sharer, administrator and Chelsie Calaman, assistant administrator will be over seeing [redacted] and [redacted] with their responsibilities.

*Dolores Sharer*  
Dolores Sharer, Administrator

Chelsie Calaman, Assistant Administrator  
*Chelsie Calaman*

*M*  
9/4/14