



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**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

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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 **February 4, 2015** until **February 4, 2016**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 238780

*Robert E. Robinson*  
ISSUING OFFICER

*Althea J.*  
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.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 04 2015

Dolores L. Smith Sharer, Owner/Administrator  
47 Front Street, P.O. Box 65  
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home  
License #: 238780


Dear Ms. Smith Sharer:

As a result of the Department of Human Services' licensing inspection on December 5, 2014 and January 14, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

  
Matthew J. Jones  
Director

Enclosures  
License  
License Inspection Summary

**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: Bradford  |
| Administrator: Chelsie Calaman  |   | Region: NORTHEAST   |
| Legal Entity Name: DOLORES L SMITH SHARER   |   |   |
| Legal Entity Address: P.O. BOX 65, WYALUSING, PA 18853  |   |   |
| <b>Certificate(s) of Occupancy</b><br>LP<br>07/30/1987<br>Department of L&I   |   |   |
| <b>Staffing Hours</b><br>Resident Support: NM                      Total Daily Staff: 28                      Waking Staff: 21  |   |   |
| Type of Inspection: Full  |   | BHA Docket Number:                      Notice: Unannounced |
| <b>Reason(s) for Inspection(s)</b><br>Provisional   |   |   |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>12/05/2014: Hummel, Jesse; Yellenic, Cindy   |   |   |
| <b>Off-Site Inspection Dates and Inspectors, if Applicable</b>  |   |   |
| <b>Other Details</b><br>Partial or Full Triggers:                      Random Indicators:   |   |   |
| <b>Resident Demographic Data as of Inspection Dates</b>   |   |   |
| Licensed Capacity: 34<br>Number of Residents Served: 28<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 27<br>Are 60 Years of Age or Older: 17<br>Have Mental Illness: 14<br>Have an Intellectual Disability: 10<br>Have a Mobility Need: 0<br>Have a Physical Disability: 0 |   |

Violation Report: 23878 - 12/05/2014 - Hummel, Jesse  
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 On 12/5/14 at 9:00am the dumpster lid was observed propped open by numerous garbage bags overflowing from the dumpster.

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.

On 12/5/2014 at 7:00 am, [redacted] placed a bale of hay (which had been used for holiday displays) in the dumpster since the garbage truck was due to empty the dumpster within the next 2 hours. Within that 2 hours, additional bags from emptied wastebaskets and kitchen waste was added to the dumpster on top of the bale of hay. On this day, the truck was late in its' pickup. [redacted] Maintenance, will make sure that on any particular day that the lids seem to not be closed completely, R G Brown Refuse Removal will be called immediately to come to empty the dumpster. [redacted] Assistant Administrator, and [redacted] Administrator, will oversee the implementation of this regulation with [redacted]

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Cherie Calaman*      *Dolores L. Sharer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dolores L Sharer, Administrator      Date 12/26/2014

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

The above plan of correction is approved as of 1-12-15  
 (Date)  
*On Site: 1/14/15*

The above plan of correction was approved by *CP*  
 (initials)

Plan of correction implementation status as of 1-14-15  
 (Date)

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

Violation Report: 23878 - 12/05/2014 - Hummel, Jesse  
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600  
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 12/5/14 at 1:00pm Department Representatives measured the water temperature at the sink located in the bathroom next to the kitchen. The water temperature measured 124.7 degrees Fahrenheit. This water temperatures poses a risk of a resident getting scalded by the water.

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.

[Redacted], maintenance, will make sure that on any particular day that the water temperatures do not exceed over 120°F. [Redacted] Asst. Administrator and [Redacted] administrator will oversee the implementation of this regulation with [Redacted]

The temperature when taken, will be recorded and maintained by the home. Initially, take daily - once temps. are under control - then weekly - then monthly. All temp recordings are to be retained by the home. CP. 1-12-15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsea Calaman, Asst. Admin. Date 12-25-14

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

The above plan of correction is approved as of 1-12-15 on-site ~~12-1~~ 1-14-15 (Date)

Plan of correction implementation status as of 1-14-15 (Date)

The above plan of correction was approved by ALG (Initials)

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

Violation Report: 23878 - 12/05/2014 - Hummel, Jesse  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

**2a. DESCRIPTION OF VIOLATION**  
 Department Representatives observed the window coverings in bathroom B2. The blinds are broken in two areas and do not provide sufficient privacy for residents when they are utilizing the bathroom.

**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.

Due to residents wanting to look out the window, they have bent some ends on the mini blind at the window. A new mini blind has been installed with a non see through curtain. Review of the window coverings will be done each week by housekeeper, [redacted], Assistant Administrator, and [redacted] Administrator, will oversee the implementation of this regulation with [redacted]

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

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

|  |                 |
|--|-----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Dolores L. Sharer, Administrator | Date 12/26/2014 |
|--|-----------------|

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

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|---|---|
| The above plan of correction is approved as of <u>1-12-15</u><br>(Date)<br><i>On Site 1/14/15</i> | Plan of correction implementation status as of <u>1-14-15</u><br>(Date)<br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
| The above plan of correction was approved by <u>[Signature]</u><br>(initials)                     |   |

Violation Report: 23878 - 12/08/2014 - Hummel, Jesse  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

**2a. DESCRIPTION OF VIOLATION**  
 On 12/5/14 the facility had 28 residents residing at the facility. The facility is required to have a minimum of 84 gallons of water on hand in the event of an emergency. The facility currently has only 87 gallons on hand at the facility.

**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.

Due to an increase in residents, an adequate supply of water was not on hand. The additional 17 gallons of water have been procured in the event of an emergency. [Redacted] Maintenance, will see that the proper number of gallons of water will be on hand at all times. [Redacted] Assistant Administrator, and [Redacted] Administrator, will oversee the implementation of this regulation with [Redacted]

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dolores L Sharer, Administrator      Date 12/26/2014

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

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|--|--|
| The above plan of correction is approved as of <u>1-12-15</u><br>(Date)<br>On Site 1/14/15<br><br>The above plan of correction was approved by <u>CP</u><br>(Initials) | Plan of correction implementation status as of <u>1-14-15</u><br>(Date)<br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
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Violation Report: 29878 - 12/05/2014 - Hummel, Jesse  
 PCH Name: SMITH S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The facility last had their furnace inspected on 8/28/13. The inspection did not occur within the previous twelve months as required.

**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.

An appointment was made with Ed's Heating Company to clean and inspect the furnaces. His earliest time to conduct the service was made for 12/22/2014. Cleaning and inspection was been completed as projected. [redacted] Maintenance, will be responsible for seeing that the furnace will be inspected annually within each 12 month period as specified in this regulation. [redacted] Assistant Administrator, and [redacted] Administrator, will oversee the implementation of this regulation with [redacted]

*The Admin Designee will keep a calendar or tickler file in order to plan & schedule these necessary annual tasks. P, 1-12-15*

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

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

|   |                 |
|---|-----------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) Dolores L Sharer, Administrator | Date 12/26/2014 |
|---|-----------------|

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

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|---|--|
| The above plan of correction is approved as of <u>1-12-15</u><br><i>on-site 1-14-15</i><br>(Date) | Plan of correction implementation status as of <u>1-14-15</u><br>(Date)  |
| The above plan of correction was approved by <u><i>OP</i></u><br>(Initials)                       | <input checked="" type="checkbox"/> Fully Implemented <i>gfe</i><br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 23878 - 12/05/2014 - Hummel, Jesse  
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2a. DESCRIPTION OF VIOLATION

The facility last had their furnace cleaned on 8/28/13. The furnace is required to be cleaned annually.

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.

an appointment was made with Ed's Heating Company to clean and inspect the furnaces. His earliest time to conduct the service was made for 12/22/2014. Cleaning and inspection has been completed as projected. [redacted] maintenance, will be responsible for seeing that the furnaces will be inspected annually within each 12 month period as specified in this regulation. [redacted] assistant administrator, and [redacted] Administrator, will oversee the implementation of this regulation with [redacted]

Adm or designee will keep a calendar or tickler file in order to plan and schedule these necessary annual tasks. *[Signature]*, 1-12-15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chelsea Calaman, Asst admin.*      Date *1-26-14*

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

The above plan of correction is approved as of 1-12-15 (Date)  
*On Site 1/14/15*  
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 1-14-15 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress *[Signature]*  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 23878 - 12/05/2014 - 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

Department Representatives observed the facility's fire drill log. The facility held a fire drill on 9/5/14 at 3:45pm. The fire drill log documents that there were 26 residents in the facility at the time the alarm sounded, however only 24 of the 26 residents evacuated. An interview was conducted with Administrator A. It was determined this was a documentation error on the log and that all residents were evacuated during the drill.

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.

Due to miss documentation when doing a fire drill, the designee assigned either [redacted] administrator or [redacted] asst. administrator or [redacted]

Maintenance will take notes on a separate paper. When the fire drill is completed, the designee will then put in the notes on the fire drill record form. This will prevent errors in the documentation.

Adm or Designee will review fire drill log monthly to ensure ongoing compliance. CP. 1-12-15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsea Calaman, asst. administrator Date 1-14-15

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

The above plan of correction is approved as of 1-12-15 (Date)

On Site 1/14/15

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

Plan of correction implementation status as of 1-14-15 (Date)

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

Violation Report: 23878 - 12/05/2014 - Hummel, Jasse

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Administrator B is the facility's medication administration trainer. Administrator A is the facility's Medication Administration Practicum Observer,

Staff person C's medication administration observations required for the medication administration annual practicum was completed by Administrator A, however the medication administration annual practicum was signed by Administrator B.

Staff person D's initial medication administration observations were completed by Administrator A and Administrator B, however the initial Medication Administration Training document was signed only by Administrator B.

Administrator B's annual medication administration observations were observed by staff person E, however the annual practicum document was signed by staff person F.

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.

██████████ Administrator had contacted the Regional office to get more clarification on this violation. Now that we understand what needs to be done Dolores Shaver, administrator and ██████████ asst. administrator will both sign below us both of our names are on the above paper. Next to ██████████ we will put PO for clarifications.

Adm or Designee will have a tracking system to keep track of dates for observations EMAR reviews - then review all documents to insure ongoing compliance. 1-2-15

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| 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 Asst. Administrator Date 1-5-15

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

The above plan of correction is approved as of 1-12-15 (Date)  
*On Site 1/14/15*

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

Plan of correction implementation status as of 1-14-15 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *[initials]*

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 23878 - 12/05/2014 - Hummel, Jesse  
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed Advair Diskus 100/50. The medication was not dated when it was opened. The manufacturer's instructions state " Discard any unused medication 30 days after removing the medication from the foil packaging."

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.

We were unaware the opened container of Advair had to be dated beingis that the package it was in was dated. Fran Newen, [redacted] Administrator and [redacted] Asst. administrator will thoroughly check the medication cart for dates on all opened containers.

This shall be done at minimum once per month. The home will keep track in written form when these audits take place.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 07/09/2014

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 1-5-2015

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

The above plan of correction is approved as of 1-12-15  
 On Site 1/14/15 (Date)

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

Plan of correction Implementation status as of 1-14-15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented