



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 2, 2015

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 # 238780

Dear Ms. Smith Sharer:

As a result of the Department of Human Services' licensing inspection on January 14, 2015 and January 30, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23878 - 01/14/2015 - Hummel, Jesse
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 1/5/15 between 3:00 and 4:00pm resident #1 began yelling at resident #2 in the main living room. Resident #2 was incontinent. Resident #1 observed that resident #2 was incontinent and began yelling: "You stink, you need to change." At this point resident #2 smacked resident #1 in the leg and stated "You bitch." Staff were able to intervene and redirect resident #2 upstairs to change. The facility failed to report this incident of resident abuse to the local Area Agency on Aging 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.

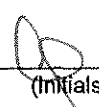
The cause of the violation was that the home failed to report suspected abuse of a resident to the Older Adult Protective Services Act. To fix this violation, the home had Area Agency on Aging, Older Adult Protective Services Act come into the home on January 28, 2015 for a staff training on protective services and report. The home has been reporting to Aging and the Department of Public Welfare when needed. The home had an incident on February 28, 2015 with a staff member that was violating residents rights, which was reported to DPW and Area Agency on Aging. [REDACTED] from OAPSA contacted [REDACTED] Assistant Administrator, she sated she wasn't going to take the case however, would like a follow up action report. The home will continue to report to DPW and Aging when needed. [REDACTED] Administrator, and [REDACTED] Assistant Administrator, will oversee that reporting is being done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 3-02-2015
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3-11-15</u> (Date) The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>3-11-15</u> (Date) <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
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Violation Report: 23878 - 01/14/2015 - Hummel, Jesse
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/5/15 between 3:00 and 4:00pm resident #1 began yelling at resident #2 in the main living room. Resident #2 was incontinent. Resident #1 observed that resident #2 was incontinent and began yelling: "You stink, you need to change." At this point resident #2 smacked resident #1 in the leg and stated "You bitch." Staff were able to intervene and redirect resident #2 upstairs to change. The facility failed to report this incident of resident abuse to the Department via a reportable incident form as required.

Resident #3 was sent to the Hospital on 11/23/14 to be evaluated after the resident stopped walking. The resident would not attempt to walk and would not bear any weight on the resident's legs. The resident was admitted to the hospital. On 1/7/15 the facility received a letter from Social Security in reference to resident #3. The letter stated "Sorry for your loss" and explained the next steps that needed to be taken regarding the resident's income. The facility contacted the hospital and determined the resident was transferred to a rehab facility. The facility contacted the rehab facility and determined the resident passed away at the rehab facility on 12/28/14. The cause of death was determined to be a heart attack. The facility failed to notify the Department via a reportable incident form in regards to the death of the resident.

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 cause of the violation was that the home failed to report suspected abuse of a resident to the Older Adult Protective Services Act. To fix this violation, the home had Area Agency on Aging, Older Adult Protective Services Act come into the home on January 28, 2015 for a staff training on protective services and report. The home has been reporting to Aging and the Department of Public Welfare when needed. The home had an incident on February 28, 2015 with a staff member that was violating residents rights, which was reported to DPW and Area Agency on Aging. [Redacted] from OAPSA contacted [Redacted] Assistant Administrator, she sated she wasn't going to take the case however, would like a follow up action report. The home will continue to report to DPW and Aging when needed. [Redacted] Administrator, and [Redacted] Assistant Administrator, will oversee that reporting is being done.

Adm/Designee will ensure that employees' understand all of the required events that are reportable, as well as keeping a system place, especially nights, weekends and holidays, to insure that incident reporting is timely.

CP, 3-11-15

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 Assistant Administrator

Date 3-02-2015

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The above plan of correction is approved as of

3-11-15
 (Date)

Plan of correction implementation status as of

3-11-15
 (Date)

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

The above plan of correction was approved by

[Handwritten Signature]
 (Initials)

Violation Report: 23878 - 01/14/2015 - Hummel, Jesse
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
 On 12/5/14 the facility received a written prescription order for resident #4. The facility was to have a prescription order for Percocet 7.5/325mg, administer 4 tablets 4 times daily as needed for pain, filled for resident #4. The facility did not have this prescription filled and therefore it was not on hand at the facility for the resident. The facility failed to follow prescribers orders.
 Resident #5 is prescribed Atarax 25mg, Aricept 10mg, Claritin 10mg, Namenda 10mg, and Trazadone 50mg to be administered at 7:00pm. It was determined that staff of the facility administers these medications at dinner time, between 4:30 and 5:00pm. The facility is not following the prescribers orders in regards to administering these medications at the prescribed time.

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.

Violation was caused by not following the prescriber's orders. [Redacted], Administrator and [Redacted] Asst. Administrator will oversee any prescription(s) resident(s) bring home or the doctor sends to the facility. The Administrators will be sure the medication is filled promptly. Due to the fact Resident # 5 would refuse to take her medication at 7pm and would demand she had to take medication with her meal, [Redacted] Assistant Administrator, contacted Resident # 5 primary care doctor to have the medication changed from 7pm to dinner time which falls between 4:30 and 5, if possible. The doctor changed her medication times therefore we have not ran into a problem. The administrators will continue to oversee that staff is following the prescriber's orders and continue to do so.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 3-02-2015
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Violation Report: 23878 - 01/14/2015 - Hummel, Jesse
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 1/5/15 between 3:00 and 4:00pm resident #1 began yelling at resident #2 in the main living room. Resident #2 was incontinent. Resident #1 observed that resident #2 was incontinent and began yelling: "You stink, you need to change." At this point resident #2 smacked resident #1 in the leg and stated "You bitch." Staff were able to intervene and redirect resident #2 upstairs to change. It was determined that resident #2 does not have any history of aggression or physically striking residents or staff. The facility failed to update the resident assessment and support plan for resident #2 finalized on 4/30/14, to document this change in personal care needs and how the facility plans on meeting these specific needs.

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 violation occurred because the home did not update Resident # 2 support plan when she had an incident with another resident and slapped him. However, the home has updated the support plan and will continue to update resident's support plans with any changes in medical, dental, vision, mental health, or other behavioral care services. The home will update the support plans and will also list how the facility plans to meet the specific needs of the resident. [Redacted] Administrator and [Redacted] Assistant Administrator will continue to oversee this is being done.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 3-02-2015

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