



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: March 30, 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 February 25, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing 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		
Certificate(s) of Occupancy		
LP 07/30/1987 Dept. of Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
02/25/2015: Rushin, Julienne		
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 Served: 28 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: 0	Number of Residents who: Receive Supplemental Security Income: 24 Are 60 Years of Age or Older: 16 Have Mental Illness: 16 Have an Intellectual Disability: 10 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 2387B - 02/25/2015 - Rushin, Julienne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2800
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 2/24/15 at 6:00am, staff person A swore at resident #1 saying, "I f---n know. Don't tell me how to my do my job!" This was in response to resident #1 telling staff person A that a light bulb needed to be changed. The incident was not reported to the Department until 2/25/15 at 6:25pm.

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 incident report will be sent to the Department the same day an incident occurs. Administrators will oversee the reporting is being done.

The administrator shall be responsible for ongoing compliance.

M
3/26/15

Repeat Violation: Yes

Date(s) of Previous Violation(s) 05/27/2014

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. Admin

Date 3-24-2015

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

The above plan of correction is approved as of

3/26/15
(Date)

Plan of correction implementation status as of

3/26/15
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 23878 - 02/26/2015 - Rushin, Julianne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
On 2/24/15 at 6:00am, staff person A swore at resident #1 saying, "I f---n know. Don't tell me how to my do my job!" This was in response to resident #1 telling staff person A that a light bulb needed to be changed. Staff person A did not treat resident #1 with dignity and respect by speaking to him/her in this manner.

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.

Staff member A was spoken to regarding the incident. A resident rights training has been scheduled for April 7, 2015 with area agency on Aging ombudsman, [redacted] staff person A will be required to participate in the Resident Rights training.

The administrator shall monitor and assure ongoing compliance.

[Signature]
3/26/15

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. Admin* Date *3/24/2015*

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The above plan of correction is approved as of 3/26/15
(Date)

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

Plan of correction implementation status as of 3/26/15
(Date)

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Violation Report: 23878 - 02/25/2015 - Rushin, Julianne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The main entrance door located in the back of the home across from the smoking "hut" cannot be opened without force, prohibiting immediate egress.

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.

Concrete block has been taken down to allow door to be easily opened.

The administrator is responsible for monitoring and ongoing compliance.

M
3/26/15

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. Admin

Date

3-24-2015

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