



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 10, 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 Public Welfare's licensing inspection on May 12, 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:

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

Residents #1 and #2 got into a physical altercation the afternoon of 5/2/15 in which resident #1 kicked #2 and resident #2 pushed resident #1. Neither resident sustained any injuries as a result of the incident. The Department was not made aware of the physical altercation until 5/4/15, at which time a Reportable Incident form was submitted.

**Additional repeated violations: 7/4/14

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.

All staff are well aware they need to notify one of the administrator's about any incident or condition right away.

Any incident will be filed to the Department asap of incident.

Administrator's [redacted] and Chelsie Calaman over see this is being done.

The administrator(s) shall monitor and assure ongoing compliance.

6/9/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

02/25/2015

01/14/2015

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. administrator

Date 5-29-2015

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

The above plan of correction is approved as of 6/9/15 (Date)

Plan of correction implementation status as of 6/9/15 (Date)

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

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

Violation Report:

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2800.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

A review of the record of resident #1 indicates the resident has been involved in 7 different events involving physical altercations from 10/5/11- present. In the events, the resident was either the individual who instigated the violent altercation, or was the victim of violence as a result of antagonizing another resident. Interviews indicate the resident often instigates arguments or conflict with residents who have an intellectual disability or a compromised cognitive status or someone who has recently been admitted to the home, but in general creates conflict with anyone on a daily basis as stated by a staff person. The resident has a history of yelling and cursing at residents and in general treating others with a general lack of respect. Such an incident happened as recently as 5/2/15 in which he/she cursed at both resident's #3 and #2 and called resident #2 names.

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.

If any incident in future occurs there will be positive interventions, improving communication skills toward other residents, and reinforcing appropriate behavior with any resident(s) involved with an incident. notes will be taken, documenting what had been discussed.

Administrator's [redacted] and Chelsie Calaman will be the one's enforcing the interventions

The administrator(s) shall monitor and assure ongoing compliance.

6/9/15

Repeat Violation: Yes

Date(s) of Previous Violation(s)

02/25/2015

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

5-29-2015

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

The above plan of correction is approved as of

6/9/15 (Date)

Plan of correction implementation status as of

6/9/15 (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:

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

A review of the record of resident #1 indicates the resident has been involved in 7 different events involving physical altercations from 10/5/11- present. In the events, the resident was either the individual who instigated the violent altercation, or was the victim of violence as a result of antagonizing another resident. Interviews indicate the resident often instigates arguments or conflict with residents who have an intellectual disability or a compromised cognitive status or someone who has recently been admitted to the home, but in general creates conflict with anyone on a daily basis as stated by a staff person. There are no current interventions in place to prevent or lessen the number of altercations resident #1 instigates or is involved in.

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.

Have fixed by separating resident 1 & 2 from each other. Have been reinforcing appropriate behavior and communication skills and continue to do so. This has helped lessen the number of altercations with resident #1 instigating.

Administrators, [redacted] and Chelsie Calaman continue to over see the residents behavior's towards one another in quick passing's in the home.

The administrator(s) shall monitor and be responsible for ongoing compliance in 6/9/15

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 5-29-2015

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

The above plan of correction is approved as of 6/9/15 (Date)

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

Plan of correction implementation status as of 6/9/15 (Date)

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

Violation Report:

PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 56 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

A review of the record of resident #1 indicates the resident has been involved in 7 different events involving physical altercations from 10/5/11- present. In the events, the resident was either the individual who instigated the violent altercation, or was the victim of violence as a result of antagonizing another resident. Interviews indicate the resident often instigates arguments or conflict with residents who have an intellectual disability or a compromised cognitive status or someone who has recently been admitted to the home, but in general creates conflict with anyone on a daily basis as stated by a staff person. The current RASP for resident #1 (dated 9/29/14) does not reference any of these behavioral needs or how to meet the needs, and instead incorrectly indicates the resident does not experience irritability, aggression, or agitation.

The support plan of resident #2 (dated 10/16/14) has not been updated to reflect the recent incident in which the resident engaged in aggressive behavior towards resident #1.

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.

To fix this violation, the asst. administrator, Chelsie Calaman, will update support plan right away if any changes have been made.

The administrator shall Audit all residents (Rasp) and assure that all information is current and accurate. The Audit shall be completed by 7/10/15. Documentation of the Audit shall be maintained by the home and available for review upon request by the Department.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/14/2015

08/27/2014

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. administrator

Date 5-29-2015

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

The above plan of correction is approved as of

6/9/15 (Date)

Plan of correction implementation status as of

6/9/15 (Date)

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

The above plan of correction was approved by

[Signature] (Initials)