



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

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:

As a result of the Department of Human Services' annual licensing inspection on December 9, 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 "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 23878 - 12/09/2016 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident # 1, date of admission [redacted] 15, was not signed by 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.

To fix this violation, Asst. Administrator, Chelsie Calaman, had resident sign contract right away. To prevent from future violations, Asst. Administrator will have a tickler system in place for when admitting a new resident we will be able to make sure we have all the required documents completed in a timely manner. Monitoring will be, Asst. administrator and administrator, [redacted].

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 1/6/16

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

The above plan of correction is approved as of 01.07.16
(Date)

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

Plan of correction implementation status as of 01.07.16
(Date)

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

Violation Report: 23878 - 12/09/2015 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 16 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, date of hire [redacted] 15, the home did not obtain a criminal background check from the PA State Police Patch system until 11-02-16. This staff person continued to work 30 days beyond the provisional hiring period.

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, Asst. Administrator has made a tickler system to help organize the required paperwork that needs to be done in a timely manner for a new employee. To prevent future violations, the tickler system will be used. Monitoring this is being used and all required documents are completed in a timely manner. Administrator, [redacted]

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/17/2015

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. admin.*

Date 1/6/16

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The above plan of correction is approved as of 01/07/16
(Date)

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

Plan of correction Implementation status as of 01/07/16
(Date)

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

Violation Report: 23878 - 12/09/2016 - O'Haire, Anne
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
The home did not have adequate direct care staffing hours for 11-26-15 and 12-08-15. The home was required to have 34 total direct care hours. When the hours were calculated, accounting for breaks and ancillary duties, the home only had a total of 27.5 direct care hours.

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.

Regulation is important because direct care staff persons should be available at least 1 hour per day for personal care services to each mobile resident. Regulation was violated by having only 27.5 direct care hours and we needed to have 34 total direct care hours. To fix this violation right away, Administrator [redacted] redid the direct care staff schedule to have the right amount for direct care staff hours. The home is using an online program (Tabula Pro) to help track the hours needed for direct care staff persons. This will prevent future violations from occurring. Administrator, [redacted] and asst. administrator, Chelsie Calaman will make sure to be monitoring the schedule.

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 1/6/16

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The above plan of correction is approved as of 01/07/16
(Date)

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

Plan of correction implementation status as of 01/07/16
(Date)

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



Violation Report: 23878 - 12/09/2015 - O'Haire, Anne
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2800
2800.57(d) - At least 75% of the personal care service hours specified in § 2800.57(b) and § 2800.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
The home did not have the required direct care staffing hours for 11-26-15 and 12-06-15. The home had a total of 21.5 hours and required 26.5 hours.

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.

Regulation is important because 75% of the personal care services should be available during waking hours. Regulation was violated by only having 21.5 hours and were required to have 26.5 hours. To fix this violation right away, Administrator, [redacted] redid the direct care staff schedule so the home had the right amount of direct care hours for each mobile resident. The home is using an online program for the staffing schedule to help prevent future violations. Administrator, [redacted] and asst. Admin. Chelsie Calaman will monitor schedule and will make changes when needed.

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 1/6/16

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

The above plan of correction is approved as of 010716
(Date)

Plan of correction implementation status as of 010716
(Date)

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

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

Violation Report: 23878 - 12/09/2016 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The bathroom located on the 1st floor had a mat in the shower base that had an abundance of a black substance on it that appeared to be mold.

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.

Regulation is important for the safety of the residents residing in the pch. Regulation was violated because the bathroom had a mat in the shower base that had an abundance of a black substance on it that appeared to be mold. To fix right away, the mat was replaced. To prevent future violations, direct care staff persons were informed if they see the mat needing to be replaced to inform the administrator's so we can replace right away.

Administrator [redacted] and Asst. Admin. Chelsie Calaman will oversee this as well as monthly checks to all bathrooms to see if anything needs replaced.

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 1/6/16

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The above plan of correction is approved as of 01/07/16
(Date)

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

Plan of correction implementation status as of 01/07/16
(Date)

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

Violation Report: 23878 - 12/09/2016 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The toilet in the bathroom on the 1st floor is leaking water out of the bottom of the base and the tank of the toilet does not have a cover on it.

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.

Regulation is important for the safety of the resident's residing in the pch. Regulation was violated because the toilet in the bathroom on 1st floor is leaking water out of the bottom of the base and the tank on the back of toilet doesn't have a cover on it. To fix this violation, the base of the toilet has been resealed. Looking to find the top for the back of toilet if can't find will have to replace toilet. Time frame to have fixed by end of January. Administrator will oversee the toilet either gets the top to the tank or a new toilet.

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 *1/6/16*

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

The above plan of correction is approved as of 01/07/16 (Date)

The above plan of correction was approved by *m* (Initials)

Plan of correction implementation status as of 01/07/16 (Date)

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

Violation Report: 23878 - 12/09/2015 - O'Haire, Anne
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

At 8:00am, there were 2 (10lb.) bags of chicken thawing on the counter in the kitchen.

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.

Regulation was violated by not following the correct way to thaw food. 2 lbs of chicken were thawing on kitchen counter. To fix right away, all staff were told the correct way to thaw food. Also, asst. admin. put a reminder sign up in kitchen on how to thaw food. Administrators will make sure to monitor staff are following the correct way to thaw food.

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 1/6/16

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The above plan of correction is approved as of

01/07/16
(Date)

Plan of correction implementation status as of

01/07/16
(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 - 12/09/2015 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 86 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home did not submit their 2014 emergency procedures to the local municipal emergency management agency.

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.

Regulation was violated because the home did not submit the 2014 emergency procedures to the local municipal management agency. To fix this violation, a tickler system has been made up for all required documents that need to be signed and/or given to other agencies. Administrator, [redacted] and asst. administrator will monitor that all required documents are being signed and/or given copies to other agencies following the tickler system.

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. admia* Date *1/6/16*

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

The above plan of correction is approved as of 01/08/16 (Date)

Plan of correction implementation status as of 1/08/16 (Date)

The above plan of correction was approved by *M* (Initials)

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

Violation Report: 23878 - 12/09/2015 - O'Haire, Anne
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2800

2800.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident # 1's date of admission [redacted] 15, did not have an initial assessment completed until 11-27-15.

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, Asst. administrator, Chelsie Calaman, has made a tickler system to help organize the paperwork that needs to be done right away when admitting a new resident. This will prevent future violations by following the tickler system. Administrator, [redacted] will make sure documents are being completed in a timely manner.

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 1/16/16

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The above plan of correction is approved as of 010716 (Date)

Plan of correction implementation status as of 010716 (Date)

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

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