



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 27 2016

Ms. Donna Strittmatter, President
Smith Health Care LTD
453 South Main Road
Mountain Top, Pennsylvania 18707

RE: Smith Health Care LTD
License #: 229230

Dear Ms. Strittmatter:

As a result of the Department of Human Services' annual licensing inspection on July 22, 2016 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: SMITH HEALTH CARE LTD	License Number: 22923
Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707	County: Luzerne
Administrator: Tammy Preston	Region: NORTHEAST
Legal Entity Name: SMITH HEALTH CARE LTD	
Legal Entity Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707	
Certificate(s) of Occupancy C-2 LP 11/01/2000 Dept. of Labor & Industry	
Staffing Hours Resident Support: NM Total Daily Staff: 77 Waking Staff: 58	
Type of Inspection: Full BHA Docket Number: Notice: Unannounced	
Reason(s) for Inspection(s) Renewal	
On-Site Inspections Dates and Department Representatives On-Site 07/22/2016: Rushin, Julienne; Harvey, Jason; Yellenic, Cindy	
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: 93 Number of Residents Served: 77 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: 1	Number of Residents who: Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 70 Have Mental Illness: 13 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 22923 - 07/22/2016 - Rushin, Julienne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4 dated 1/6/16 did not indicate health status and cognitive functioning.

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 medication evaluation for resident #4 was not completed in its entirety by the physician and st did not recognize this. The health status and cognitive functioning were reviewed immediately with the physician and corrected.

All current medical evaluations were checked by [redacted] in every chart to ensure completeness. No other omissions were found. This was completed by 8/1/16.

[redacted] is responsible to ensure completeness of all admission and annual forms.

Administration [redacted], T Preston) will do a check of all med evals to ensure compliance with regulation 141 and submit to QA quarterly. (See attached form)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy Preston

Date 8/12/2016

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

The above plan of correction is approved as of

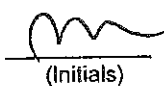
8/15/16
 (Date)

Plan of correction implementation status as of

8/15/16
 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 22923 - 07/22/2016 - Rushin, Julienne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A bottle of Nystop 100,000u powder prescribed to resident #10 was located on the resident's sink in room G107. The medication was not secured and was accessible to other residents.

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 bottle of Nystatin was immediately removed from room G107. This powder is usually kept in the locked medication room. When doing am care the nursing assistant took the powder into the room and completed the treatment then mistakenly left the powder in the bathroom.

by 7/25/16 all resident rooms were checked and no medications/creams were found in the resident rooms.

All prescription medication, OTC meds, CAM and syringes are kept in a locked med cart or a locked medication room on each floor.

An Initial staff inservice was held on 8/5/2016 regarding all deficiencies and compliance. All staff will have a more detailed inservice regarding regulation 183 on 8/19/2016. Those employees not present will be responsible to meet with administration by 8/25/2016.

- A weekly check of residents rooms and nursing station areas will be done by Administration to ensure compliance with reg. 183. This will be submitted to QA quarterly. (See Form)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy Preston

Date 8/12/2016

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

The above plan of correction is approved as of <u>8/15/16</u> (Date)	Plan of correction implementation status as of <u>8/15/16</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
The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 22923 - 07/22/2016 - Rushin, Julienne
 PCH Name: SMITH HEALTH CARE LTD

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 has a physician's order for Debrox 6.5% ear drops. The medication expired 1/2016.
 Resident #2 has a physician's order for Advair 250/50 and Stool Softener. The Advair was not dated when it was opened and the Stool Softener expired 5/2015.
 Resident #3 has a physician's order for Polyethylene Glycol 3350. The medication expired 11/2015.
 A tube of Aloe Vista Cream prescribed for resident #9 with an expiration date of 10/2015 was noted in the medication room treatment cabinet.

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.

There were 3 residents found to have expired medications in their medication drawers.
 Immediately on 7/22/2016 the following occurred:

Res. #1 - The MD was notified as this was a prn medication that resident does not use and order was given to discontinue.

Res. #2 - The MD was notified as the resident stated the stool softener was not working for h at home anyway. The physician gave a new order for a different stool softener. The expired (now discontinued) medication was disposed of according to policy.

- The advair was verified with pharmacy when it was dispensed. The date of dispensi was used as date opened. This resident was recently admitted from home and family/resident were unable to give exact date opened. Therefore, the facility used the dispensed date.

Res. #3 - The resident actually had 2 bottles of Polyethylene Glycol in the medication cart. T expired bottle was disposed of properly. The other bottle has a dispense date of 4/18/16 with an expiration date of 12/2017. So that bottle remains.

Res. #4 - The resident had 2 tube of aloe vista cream and the expired tube was removed and disposed of properly.

By 7/25/2016 expiration dates were check on all prescription medications and OTC medications.
 See attached sheet for continuation

The administrator shall monitor and assure ongoing compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>[Signature]</i>	<i>[Signature]</i> 8/15/16
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Tammy Preston	Date 8/12/2016

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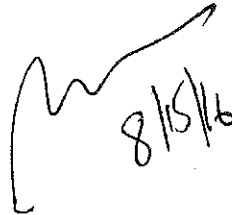
The above plan of correction is approved as of <u>8/15/16</u> (Date)	Plan of correction implementation status as of <u>8/15/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Continuation of Reg. 2600.183 (d)

An Initial staff inservice was held on 8/5/2016 regarding all deficiencies and compliance. All staff will have a more detailed inservice regarding regulation 183 on 8/19/2016. Those employees not present will be responsible to meet with administration by 8/25/2016. Admission medications will be checked by admitting nurse to ensure compliance with expiration time frames.

Administration will review all admission medications to ensure compliance and submit to QA quarterly. (see form)

A monthly check of all medication expiration dates will be done by Administration. This will be submitted to QA quarterly. (See Form)

 8/15/16

Violation Report: 22923 - 07/22/2016 - Rushin, Julianne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident # 2 has a physician's order for the following over-the-counter medications: Stool Softener, Vitamin D3, and Senna laxative. The medication bottles did not have the resident's name on them.

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.

Res #2 was admitted from home. The OTC meds were not marked with resident name. The meds were verified that they were indeed the residents, and then marked accordingly.

- All medications were checked in the facility by Nursing to ensure compliance with identification of OTC medications.

An Initial staff inservice was held on 8/5/2016 regarding all deficiencies and compliance. All staff have a more detailed inservice regarding regulation 184 on 8/19/2016. Those employees not present will be responsible to meet with administration by 8/25/2016.

Admission medications will be checked by the admitting nurse to ensure compliance with proper identification\labeling of OTC medications. Administration will review admission OTC medication to ensure compliance with proper identification\labeling of OTC meds.

- Administration will also do a random monthly check of OTC medication to ensure compliance with reg. 184. This will be submitted to QA quarterly. (See Form)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

T. Preston

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tammy Preston

Date 8/12/2016

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The above plan of correction is approved as of

8/15/16
 (Date)

Plan of correction implementation status as of

8/15/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 22923 - 07/22/2016 - Rushin, Julienne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for Prenatal Vitamins. The MAR was not initialed on 7/21/16 at 12:00pm indicating that the medication was administered.
 Resident #4 has a physician's order for Potassium. The MAR was not initialed on 7/12/16 at 4:00pm indicating that the medication was administered.
 Resident #5 has a physician's order for Lopressor 50mg, Klonopin 0.5mg, and K-Dur 10mEq. . The MAR was not initialed on 7/21/16 at 12:00pm indicating the K-Dur was administered, and at 2:00pm indicating the Lopressor and Klonopin were administered.
 Resident #6 has a physician's order for Nystatin Cream. The MAR was not initialed on 7/12/16 at 8:00pm indicating that the medication was administered.
 Resident #7 has a physician's order for Levothyroxine 112mg and Synthroid 50mcg. The MAR was not initialed on 7/21/16 at 6:00am indicating that the medication was administered.

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.

See attached sheet

Cont
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Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/28/2015
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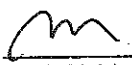
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy Preston	Date 8/12/2016
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by 
(Initials)

Cont.

Regulation 2600.187 (a)

The employees involved with this deficiency were counseled on the importance of signing out medications at the time of administration. All employees involved stated they feel confident the medications were given when prescribed but omitted signing appropriately. The MARs were completed by the appropriate staff.

By 8/1/2016 all current MARs in the facility were reviewed by administration to ensure compliance with 187(a).

An Initial staff inservice was held on 8/5/2016 regarding all deficiencies and compliance. Staff were encouraged to double check their MARs prior to leaving their shift. All staff will have a more detailed inservice regarding regulation 187 on 8/19/2016. Those employees not present will be responsible to meet with administration by 8/25/2016.

A form will be devised that shows all employees will review the MAR and documentation for compliance prior to the end of their shift and will be reviewed at the 8\19 inservice.

Administration will do a random monthly check of MARs to ensure compliance with reg. 187(a). This will be submitted to QA quarterly. (See Form)

8/15/16

Violation Report: 22923 - 07/22/2016 - Rushin, Julienne
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed insulin based on a sliding scale. On 7/19/16 at breakfast, the resident's blood glucose level was 263; 6 units of insulin was needed; 4 units were given.

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 employee involved with the deficiency was counseled. She is a new employee and is very conscientious. After reviewing with her, she feels strongly that she administered the correct dose but transcribed inaccurately.

The importance of administration including following prescriber's orders and documentation were reviewed with the employee.

An Initial staff inservice was held on 8/5/2016 regarding all deficiencies and compliance. All staff will have a more detailed inservice regarding regulation 187 on 8/19/2016. Those employees present will be responsible to meet with administration by 8/25/2016.

- A random check monthly of sliding scale coverage will be completed by administration. This will be submitted to QA quarterly. (See Form)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tammy Preston Date 8/12/2016

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The above plan of correction is approved as of 8/15/16
 (Date)

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

Plan of correction implementation status as of 8/15/16
 (Date)

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