



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: January 10, 2017

Ms. Dolores L. Smith Sharer, Owner
Dolores L Smith Sharer
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 December 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23878 - 12/22/2016 - Yellenic, Cindy
 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

Resident #1 and Resident #2 had a verbal disagreement that resulted in Resident #1 kicking Resident #2 in the back of the leg. Resident #2 then turned and pushed Resident #1 causing Resident #1 to fall backwards resulting in the resident hitting his/her head on a chair.

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.

This was a violation because Resident #1 and Resident #2 had a verbal disagreement that resulted in Resident #1 kicking Resident #2 in the back of the leg. Resident #2 then turned and pushed Resident #1 causing Resident #1 to fall backwards resulting in the resident hitting his/head on a chair. To fix this right away, the home will be using positive interventions such as, redirection, giving alternative techniques to prevent the result in a verbal/ physical altercation. The administrator will be monitoring that all resident's are treated with dignity and respect. The administrator is responsible ongoing.

Repeat Violation: ~~NO~~ YES

Date(s) of Previous Violation(s): 11-08-16

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 01/04/2017

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

The above plan of correction is approved as of

1/9/17
 (Date)

Plan of correction implementation status as of

1/9/17
 (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 - 12/22/2016 - Yellenic, Cindy
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

Resident #1's RASP states the resident like's to target a new resident by seeing how far he/she can push them before they snap. The home has sent in three incident reports regarding behavioral issues, dated 7-22-16, 10-6-16, and 12-12-16 that involved Resident #1 and other residents. The home has not established a positive intervention with this resident to modify or eliminate these behaviors that endangers his/herself and 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.

Violation because Resident #1's RASP states the resident like's to target a new resident by seeing hor far he/she can push them before they snap. The home has sent in three incident reports regarding behavioral issues, dated 7-22-16, 10-6-16, and 12-12-16 that involved Resident #1 and other residents. The home has not established a positive intervention with this resident to modify or eliminate these behaviors that endangers his/herself and other residents. To fix this violation, the administrator has made an updated note into Resident #1's RASP informing on the alternative postivie interventions to use if Resident #1 is showing signs of agitation. With the positive interventions noted, this should prevent from future altercations. Administrator has also scheduled an appointment with a Psych. therapist on Januray 10, 2017. The administrator is responsible ongoing.

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

01/04/2017

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Violation Report: 23878 - 12/22/2016 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(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 #2's, date of admission [redacted] 16, assessment was completed on [redacted] 16, 21 days from admission.

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 because resident #2's, date of admission [redacted] 16, assessment was completed on [redacted] 16, 21 days from admission. Administrator will make an admission check list to ensure that all paperwork is completed within proper time frame until all required forms are completed. Spot checks on resident charts will be done monthly by the administrator to ensure ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	12/09/2015
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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 01/04/2017
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 (Date)

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 (Initials)

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