



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: September 26, 2017

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' licensing inspection on April 20, 2017 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22923 - 04/20/2017 - Novak, Ryan
 PCH Name: SMITH HEALTH CARE LTD

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

Resident #1 was sent to the hospital on [redacted]/17, the resident passed away on [redacted] 17.


Resident #2 was sent to the hospital on [redacted] 17, the resident passed away on [redacted] 17.

The home did not submit an incident report to the Department regarding the deaths.

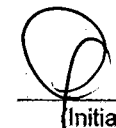
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Reg 2600.16(c) The above cited residents had passed away in the hospital
 The Administrator mis understood the regulation and the definition of an unexpected death. The adm. was educated by licensing Personnel (B. Bisgrain) & understands clearly Reg. 2600.16(c). Since clarification the facility submitted a recent death of a resident in accordance to Reg 2600.16(c). All unexpected deaths (despite where the death occurred) will be reported to PAW licensing within 24hrs or upon notification. This includes any death of a Res that is on a bed hold despite timograms of physically leaving PCF. The adm. will record all deaths of PC residents & be responsible to ensure the prompt notification of PAW licensing. The adm. will submit to PA quarterly for review of all expired residents to ensure compliance to Reg 16(c).

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) <u>Tammy Preston</u>			Date <u>9/22/2017</u>	

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The above plan of correction is approved as of <u>9/25/17</u> (Date)	Plan of correction implementation status as of <u>9/25/17</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 22923 - 04/20/2017 - Novak, Ryan
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION


The home did not have the influenza poster posted in a public area of the home as required by the Influenza Awareness Act.

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.

Regulative 2600.18
 The facility did not obtain and post the influenza awareness poster as required by the Influenza Awareness Act.
 After inspecting the facility, researched the influenza awareness act, obtained the required influenza awareness poster and placed it on the informational bulletin board on first floor. Actually, several posters are placed around the facility for resident and staff awareness.
 The administrator has joined list serve to receive updates related to Human Services licensing. (which thank you - would be much easier to stay up to date!)


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 9/22/2017
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The above plan of correction is approved as of 9/25/17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 9/25/17
 (Date)

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