



SEP 29 2017

Ms. Sharon A. Metzger,
Owner/Administrator
SMEM 1957, LLC
1441 Baltimore Pike
Hanover, Pennsylvania 17331

RE: Sharon's Personal Care Home
License #: 332390

Dear Ms. Metzger:


As a result of the Department of Human Services' annual licensing inspection on May 15, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2599

PCH Name: SHARONS PERSONAL CARE HOME		License Number: 33239
Address: 1441 BALTIMORE PIKE, HANOVER, PA 17331		County: York
Administrator: Sharon Metzger		Region: CENTRAL
Legal Entity Name: SMEM 1957 LLC		
Legal Entity Address: 1441 BALTIMORE PIKE, HANOVER, PA 17331		
Certificate(s) of Occupancy		
C-2 LP 08/25/2001 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 12	Working Staff: 9
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/15/2017: Hoover, Douglas		
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: 23 Number of Residents Served: 12 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: 0	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 11 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 33239 - 05/15/2017 - Hoover, Douglas
FCH Name: SHARONS PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
The home does not have carbon monoxide detectors for the two gas furnaces.

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.

Per Plan of Correction:

May 22, 2017 purchased three carbon monoxide Alarms. Placed them near both furnaces as instructed. One in the hallway as seen in attached pictures. Moving forward made up monthly schedule to check batteries. Replace Carbon Monoxide Alarm every three years. Done by Administrator.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *SMEM Sharon's Personal Care Home Sharon AD Ortega*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon AD Ortega Owner / Administrator* Date *7-29-17*

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

The above plan of correction is approved as of 8-2-17
(Date)

Plan of correction implementation status as of 8-2-17
(Date)

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

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

Violation Report: 33239 - 05/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2606
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, dated [redacted] /17, for Resident #1 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.

the identified resident will sign the contract. -EE
Per Plan of Correction: Administrator moving forward will double check every page on contract to make sure every page in the contract is signed and dated by the resident, POA, and Administrator at the time of signing of the Contract.

The Administrator will conduct an audit of all resident records to verify resident signatures by 8/31/17. -EE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *SME 1957 Sharon's Personal Care Home / Sharon A Metzger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon A Metzger Owner/Administrator* Date *7-29-17*

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(Date)

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(Initials)

Violation Report: 30239 - 05/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41 (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted [redacted] 17, did not sign a statement acknowledging receipt of a copy of resident rights and complaint procedures.

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.

*Per Plan of Correction: Moving forward 7-13-17
Administrator will double check contact
when resident is admitted, Administrator will
make sure the resident rights and complaints
procedure form is signed and dated.
A copy will be given ^{to} the resident.*

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *SME 1957 Sharon's Personal Care Home* *Sharon A Metzger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon A Metzger Owner/Administrator* Date *7-29-17*

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(Date)

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(Initials)

Violation Report: 33239 - 05/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2609

2609.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The dates for the fire drills conducted during June, July, August and December of 2016, were not recorded on the home's fire drill log.

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.

Per plan of Correction: Moving forward Administrator 7-13-17 will double Check Date when Documenting fire drills. The fire drill logs will be completed in their entirety every month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

SIMEM #157 Sharon's Personal Care Home Sharon Ametepie

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sharon Ametepie Owner/Administrator

Date

7-29-17

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(Date)

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(Date)

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The above plan of correction was approved by

SA
(Initials)

Violation Report: 33239 - 06/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

Weekly menus were not posted one week in advance.

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.

Per Plan of Correction: Moving forward Administrator 4-13-17 will have two weeks of menus posted in public place. (Dinning rm) at all times as instructed.

The Administrator will complete daily checks to ensure that the menus stay posted. -EE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *SMEM 1957 Sharon's Personal Care Home / Sharon A Metzger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon A Metzger - Owner/Administrator* Date *7-29-17*

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Violation Report: 33239 - 05/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The home has not developed or implemented procedures for recording all glucometer blood sugar readings and glucometer calibration.
The glucometer blood sugar readings for Resident #2 on 5/13/17 (230) and 5/14/17 (205) were not recorded on the resident's medication administration record (MAR).
Resident #3's 4/24/17 blood sugar reading of 146 found in the glucometer was not included on the resident's MAR. The glucometer blood sugar readings for Resident #3 on 5/1/17 (124) and 5/2/17 (115) were not recorded on the MAR.
The MAR for Resident #4 indicated a blood sugar reading of 101 on 5/2/17; however the glucometer did not contain the blood sugar reading of 101. The glucometer blood sugar reading on 5/13/17 of 216 for Resident #4 was not documented on the MAR.

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.

Per Plan of Correction May 22, 2017, Administrator will monitor glucometer meters weekly. Moving forward 7-13-17 Administrator will reeducate staff on glucometers and the importance of writing clearly on meters the correct reading in each resident. MAKING SURE Documenting readings and initials are legible.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *SMEM 1557 Sharon's Personal Care Home Sharon A Metzger*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sharon A Metzger Owner/Administrator* Date *7-29-17*

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Violation Report: 33239 - 05/15/2017 - Hoover, Douglas
PCH Name: SHARONS PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Combigan solution 0.2/0.5% was not administered to Resident #5 on 5/1/17 at 8:00 pm because the medication was not available in the home.

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.

Per Plan of Correction: Moving on 7-13-17, Administrator will be changing pharmacy in August 2017 because of the inconsistency of not delivering medication when ordered. May 17 2017 retain staff to order from emergency pharmacy when Not delivered, to insure medication will be given on time.

The Administrator will conduct weekly audits to identify medications that need to be re-ordered, and to ensure that medications prescribed and on MMS are present in the home. -sc

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sharon Personal Care Home / Sharon A Metzger

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sharon A Metzger Owner/Administrator

Date

7-29-17

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