



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 27 2017

Ms. Donna Strittmatter
Administrator/Owner
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' (Department) annual licensing inspection on August 29, 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,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22923 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The previous Licensing Inspection Summary (LIS) dated 09/27/2016 was posted on the home's bulletin board on the 1st floor. The resident privacy coding sheet was attached to the LIS.

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.


2600.17
 The resident coding sheet was inadvertently left attached to the last LIS hanging on the bulletin board on first floor. It was brought to the administrators' attention and the administrator immediately removed this page. This was an oversight on the administrator. The administrator is aware of confidentiality and HIPPA regulations. All records are kept confidential in the facility and stored behind locked doors. It is the administrators responsibility to remove the resident privacy coding sheet before placing on board.

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) <u>Tammy Preston, RHA</u>	Date <u>10/2/17</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/2/17</u> (Date)	Plan of correction implementation status as of <u>10/2/17</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 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator A only completed 12 hours online of the required 24 hours of DHS approved administrator training for the training year of 2016.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.64

The administrator had 24 hours of training, however all the training was done online. According to regulation 2600.64(c) only 12 hours of the 24 hours may be completed online. The Administrator is an RN and a Certified Geriatric Nurse Practitioner. With the annual training required for all the administrator mistakenly did not realize there were no classroom hours taken. The Administrator ^{will} be sure to include 12 hours of classroom training moving forward. To ensure this does not happen again, the Administrator must submit training hours to QA quarterly and the QA committee must review these hours for compliance with regulation 26000.64 (c) by the end of the calendar year.


The administrator must also make up 12 hours of approved adm. training for 2016 in 2017. This is in addition to the 24 hrs of approved adm training for 2017.

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) <u>Tammy Preston RN, PA</u>	Date <u>10/2/17</u>
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Violation Report: 22923 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD


1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

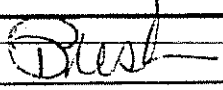
- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff members B hired 8/4/14 and C hired 11/25/15 did not receive the following required annual training topic for the 2016 training year:

- *Medication self-administration training
- *Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
- *Care for residents with dementia and cognitive impairments
- *Personal care service needs of the resident
- *Care for residents with mental illness or intellectual disability, or both

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.

2600.65(f)
 It is important for all staff to have required annual training to ensure proper resident care and maintain the highest standard of resident\staff safety. All direct care staff receive 12 hours of annual training on the topics required in regulation 2600.65 (f). The facility did not title the topics appropriately. Generalized titles of staff training included "resident plan of care" or "review of resident needs" and there was no information describing the actual material discussed. In these trainings the majority of topics in regulation 65 (f) are discussed in detail as they relate to specific residents being cared for in the facility. The facility will change the annual training to include a more generalized outline with the training topics included in regulation 65(f). All direct care staff will continue with required annual training. Staff will be in-serviced on October 5th on the importance of maintaining 12 hours of annual training and the topics required. - and titling them in accordance w/RCG topics. ☺
 All employee training will be given to QA for quarterly review of compliance of all necessary topics by appropriate staff in accordance with regulation 2600.65(f). QA will ensure compliance by end of the calendar year which is the training year.
The Administrator will oversee to ensure ongoing compliance
 10/2/17

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)		Date	
Tammy Preston RCHA		10/2/17	

Violation Report: 22923 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

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The above plan of correction is approved as of 10/04/17
 (Date)

Plan of correction implementation status as of 10/05/17
 (Date)

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

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

Violation Report: 22923 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's 2017 staff training plan does not include Medication self-administration training, instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan, care for residents with dementia and cognitive impairments, personal care service needs of the resident and care for residents with mental illness or intellectual disability, or both.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.66(b)
 The facility's projected 2017 staff training plan did not include the specific requirements of topics in regulation 66 (b) for direct care staff. The 2017 training plan was amended to include all required trainings annually. The administrator will adjust trainings to be sure to include all required topics. This will be submitted to QA for review at the next meeting in October. The projected training plan for the year 2018 will be submitted to QA by the end of this calendar year to ensure continued compliance with regulation 2600.66(b).


The Administrator will oversee all aspects of the Home's Annual Training Plan in order to ensure compliance. CP 10/2/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tanny Prestoburn	Date 10/2/17
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Violation Report: 22923 - 08/29/2017 - Harvey, Jason
 PCH Name: SMITH HEALTH CARE LTD

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
 Department Representatives completed an audit of resident #7's and #8's glucometer. The glucometers were not properly calibrated to the correct time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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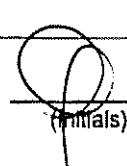
2600.185 (a)
 All residents that require glucose monitoring have their own individual devices. At the time of the annual licensing survey, it was found that 2 of the resident's glucometers were not calibrated to the correct time. In review of this discrepancy of times, it was found that if trained direct care staff persons forget a reading they go into the memory of the machine to retrieve the number to document correctly. When doing this, there are times a wrong button gets pushed inadvertently changing the time or date and the employee does not realize this has happened. Trained Direct care staff will be in-serviced on October 5th not only on the importance of accurate documentation but also the importance of proper medical equipment use and calibration of glucose monitoring devices. The 11p-7a staff will be responsible to monitor the accuracy of calibration on a weekly basis of all monitoring devices and correct the calibration. They will be instructed, (as all staff will be instructed) on calibration of each machine. They will report any discrepancies to the administrator immediately. The administrator will ensure the calibration was corrected and educate staff involved in the discrepancies. The attached glucose monitoring device sheet will be used and submitted to QA quarterly for compliance with regulation 2600.185 (a)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tanny Presto Date 10/2/17

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