



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

Ms. Dolores L. Smith Sharer
Owner/Administrator
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' (Department) annual licensing inspection on December 13, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: SMITH S PERSONAL CARE HOME		License Number: 23878
Address: 47 FRONT STREET P O BOX 65, WYALUSING, PA 18853		County: Bradford
Administrator: Dolores Sharer		Region: NORTHEAST
Legal Entity Name: DOLORES L SMITH SHARER		
Legal Entity Address: P.O. BOX 65, WYALUSING, PA 18853		
Certificate(s) of Occupancy LP 07/30/1987 L&I		
Staffing Hours Resident Support: 0 Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2017: Harvey, Jason; Dumas, Gerald		
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: 34 Number of Residents Served: 20 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: 18 Are 60 Years of Age or Older: 11 Have Mental Illness: 16 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The most recent license summary inspection dated 11/15/16 was not posted in a conspicuous and public place 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.

The latest inspection report of 12/13/2017 was posted as of 12/16/2018. Administrators I will be responsible to make sure we will continue to be compliant.

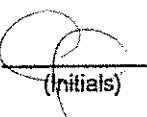
The Administrator(s) or designee will check the Plans of Correction/Violation Reports when received from the Department and post promptly.
 The Administrator will oversee to ensure ongoing compliance. Cf. 2-5-18

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator	Date 1/18/2018
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The above plan of correction is approved as of <u>2-5-18</u> (Date)	Plan of correction implementation status as of <u>2-5-18</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: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(1) - There must be drapes, shades, curtains, blinds or shutters on the bedroom windows.

2a. DESCRIPTION OF VIOLATION
 A horizontal louver blind, furthest away from the resident's bed, in room 28 was inoperable. The blind could not be adjusted from an open position. The broken blind presents a privacy concern when the resident dresses and undresses in his/hers own bedroom.

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.


... .. has checked all resident rooms for window privacy. Broken blind in room 28 has been corrected and now operable. Administrators will continue to check window privacy every week while cleaning rooms. Administrators will continue to supervise the window privacy checks of all resident room windows. - to ensure ongoing compliance of.

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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 During the fire drill on 9/24/17], 2 staff people participated in the drill. According to staff records, the average number of staff people on duty at this time of day is 1 staff person.

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.

Administrators _____ will review fire drill records each month to be sure that all recorded fire drills reflect a different day of the week, different times of the day and night, and not held when additional staff persons are present.

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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

A medical evaluation (D.M.E.) for resident #1 was not completed. The resident was admitted to the home on 10/17/17. The resident did not have a medical evaluation completed within 30 days of admission to 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.

Resident #1 has had the medical evaluation completed. Administrators will make a list of documents to be completed for all new residents and use this list for each new resident, also utilizing the notes on Tabula Pro as a reminder.

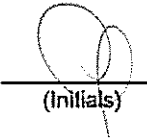
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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

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 #3 is prescribed Novolog flex pen insulin. The manufacturer directions indicate the insulin is to be used within 28 days of the insulin being opened. The home did not have documentation when the insulin flex pen was opened.

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.

All medication administration trained staff have been given direction to be sure that all insulin pens and bottles shall have a date noted on each container of when it is opened. Administrators will supervise Direct Caregiver and medication administration trained to continually check all opened pens and bottles. Resident #3 insulin pen has been dated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2016
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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2's over the counter medication of chewable vitamins were not labeled with resident's full name on the bottle of medication.

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.


Resident #2 over the counter medication has been labeled with the resident's full name. Medication administration trained Direct Caregiver will be responsible for making sure all over the counter medications will show a resident's full name on them. Administrators Dolores Sharer and Jessica Roberts will supervise and review that each over the counter medication is addressed with the residents' full names.

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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
 PCH Name: SMITH S 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
 Resident #4 has a physician's order for Vicks Nyquil as needed. This medication was not available in the home for 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.

Resident #4 does have the physician's order for Vicks Nyquil available in the home. Medication administration trained Direct Caregiver will make sure physician ordered medications are available in the home for each resident. Administrators Dolores Sharer and [Name] will supervise that all medications as ordered are available in the home for each resident.

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Violation Report: 23878 - 12/13/2017 - Harvey, Jason
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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 #4 is prescribed Novolog coverage per sliding scale. The number of units are not being recorded on the residents Medication Administration Record or on the home's treatment sheets.

The Medication Administration Record for resident #5 did not indicate a diagnosis or purpose for Warfarin 2mg.

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 number of units being given for Resident #4 is now being recorded on the resident's medication administration record. Medication administration trained Direct Caregiver _____ will continue to validate the number of units given to the medication administration record of the individual. Administrators _____ will supervise the MAR for compliance.

All medication administration records have been reviewed and completed for purpose of all listed medications. Medication administration trained Direct Caregiver _____ will review all resident medication administration records for completion of diagnosis or purpose of all medications listed. Administrators _____ will supervise and review all MARs for compliance each week.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/15/2016		
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