



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2019

Ms. Donna Strittmatter
President, NHA
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's Bureau of Human Services Licensing annual inspection on August 22, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 22923 - 08/22/2018 - Deluca, Amy
 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
 At 1:04pm the resident records were noted by department representatives in an unlocked nursing office next to the home's conference room. The records contain confidential information and were accessible to unauthorized persons.

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 LPN had left a chart sitting on the PC nurses station when she used the restroom and did not close\lock the nursing station door. The chart was removed immediately and placed in a controlled\locked area. Random checks of nurses stations will be done weekly by [REDACTED] and submitted to QA quarterly with PCHA review.

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-24-19</u> (Date) <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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A whose date of hire was 4/2/2018 did not have training in the training topics covered under this regulation.

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 employee did have the above training prior to starting on the PC unit. Staff person A was actually hired on 3/14/2018. She had completed the required orientation on 3/27/2018 and started working with residents on 4/2/2018. She resigned on 8/16/2018 The orientation paperwork in the employees file was completed prior to the first day of work and in compliance with Reg 65 (a)

Just to be sure [redacted] reviewed all current employees files to ensure compliance and all were found in compliance.

W/D VIOLATION 1-24-19

MM

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) Tammy Preston, PCHA

Date January 18, 2019

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

The above plan of correction is approved as of _____
 (Date)

W/D VIOLATION 1-24-19 MM

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 22923 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A whose date of hire was 4/2/2018 did not have training in the training topics covered under this regulation.

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 employee did have the above training prior to starting on the PC unit. Staff person A was actually hired on 3/14/2018. She had completed the required orientation on 3/27/2018 and started working with residents on 4/2/2018. She resigned on 8/16/2018 The orientation paperwork in the employees file was completed prior to the first day of work and in compliance with Reg 65(b).
 Just to be sure [REDACTED] reviewed all current employees files to ensure compliance and all were found in compliance.

W/D VIOLATION 1-24-19
 MM

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of _____ (Date) W/D VIOLATION 1-24-19 The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	--

Violation Report: 22923 - 08/22/2018 - Deluca, Amy
 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
 Staff person B did not receive training in the following required training topics in 2017: Personal care needs of the resident, and care for residents with mental health and intellectual disabilities.
 Staff person C did not receive training in the following required training topic in 2017: Care for residents with mental health and intellectual disabilities

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 administrator will be an overall review of all direct care staff training annually to ensure compliance with reg 65 (f). An inservice will be completed with all staff on or before 2/20/2019 on the specific topic of caring for residents with Mental illness or mental retardation. The administrator will continue to report to QA staff training on a monthly basis. QA will continue to review quarterly to ensure compliance with PCHA review.

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-24-19</u> (Date) <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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.132(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 written fire drill record for the fire drill held on 7/08/18 did not include the number of residents that were in the home at the time the alarm began or the number of residents that were evacuated.

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 census and # of residents evacuated was omitted on the record for the fire drill help on 7/8/2018. This information was immediately verified and form was completed. All monthly fire drill records will be submitted to QA by PCHA and reviewed quarterly to ensure compliance

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the auditorium exit consecutively from 12/17-07/18.

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 Auditorium was used as one of the exits from 12/2017-7/2018. The facility has multiple fire safe areas. Because of the size of the facility and actual location of the fire alarm pulled the Auditorium was appropriately used along with other exits used. There is never just one way out for all residents. After review it was found, when monthly fire drills are conducted the pull stations were rotated appropriately and alternating exits used along with the Auditorium when safe to use. However, possibly more detail is needed in reporting exits and fire safe areas. Moving forward all fire drill documentation will be submitted to QA by PCHA and reviewed quarterly to ensure compliance and review detailed reporting.

The administrator shall ensure that during monthly fire drills, alternate exit routes shall be used. The administrator shall be responsible for on-going compliance. 1-24-19

MM

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>1-24-19</u> (Date) <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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation dated 6/28/18 did not contain the following information: blood pressure, temp, pulse rate, and the ability to self-administer medications.

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 LPN responsible for med evals had 2 actual med evals on this resident. One she had initiated and never completed and misplaced and one completed and signed by MD. Mistakenly the misplaced med eval was found filed inadvertently in residents chart and the completed med eval in the LPNs folder of "med evals to be completed". The correct med eval was placed in residents chart. [REDACTED] will monitor all resident med evals initial and annual and review for completeness and compliance with reg. 141(a) and submit to QA for quarterly review with PCHA review.

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 Three cigarette butts were observed in the grassy area outside the gazebo located in the home's outdoor smoking area.

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.

There is an appropriate outdoor smoking area in compliance with reg 144 (c) (1), however cigarette butts were found on the ground. All staff will be inserviced on smoking policy on or before 3\5\2019. All current resents that smoke will be re-educated on smoking policies by 2\1\2019. Maintenance staff will clean outside ground by 1\28\2019 and a weekly walk around by maintenance will be done and submitted to QA quarterly for review with PCHA review.

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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 - 08/22/2018 - Deluca, Amy
 PCH Name: SMITH HEALTH CARE LTD


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
 A bottle of Preservision Areds 2 soft gels were found in the medication cart for resident #2. There was no order for this medication on the resident's Medication Administration Record (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.

It was investigated and the preservision was discontinued and not removed from the medication cart. The preservision were immediately removed and offered to family which they retrieved. All medications carts were gone through by 9\1\2018 by the charge nurse to ensure compliance with reg 183. By 1\28\2019 all medication carts will be gone through again to ensure continued compliance. A random check of medication carts will be done weekly by [REDACTED] and submitted to QA for quarterly review. A full check monthly will be completed by the charge LPN\NA and submitted to QA for quarterly review with PCHA review.

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) Tammy Preston, PCHA	Date January 18, 2019
---	-----------------------

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

The above plan of correction is approved as of <u>1-24-19</u> (Date)	Plan of correction implementation status as of <u>1-24-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (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