



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 04 2019

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's Bureau of Human Services Licensing annual inspection on December 13, 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](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  
Violation Report



Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

**2a. DESCRIPTION OF VIOLATION**  
 The home handles resident funds for Resident # 1. The home does not have an itemized account of financial transactions made 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.

All resident funds handled by the home will have an itemized accounting of financial transactions made by the resident. A printed form will be used for the resident to sign as well as the home's staff person each time the resident takes money from his account. Dolores Sharer and [redacted] will oversee each resident's transaction.

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| 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<br>(Required on EVERY Page) Dolores L Sharer, Administrator | Date<br>1/25/2019 |
|---|-------------------|

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

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| The above plan of correction is approved as of <u>2-1-19</u><br>(Date)<br><br>The above plan of correction was approved by <u>AG</u><br>(Initials) | Plan of correction implementation status as of <u>2-1-19</u><br>(Date)<br><br><input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |
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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

**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**  
 Ancillary staff person "A" did not receive an orientation that included (1) Resident rights (2) Emergency medical plan or (4) Reporting of reportable incidents and conditions.

**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.

Ancillary staff person "A" has had orientation that included Resident Rights, Emergency medical plan, and reporting of reportable incidents and conditions. Page 233 and 234, Training Requirements 55 PA Code Ch 2600 are posted in our new employee folder for continued reference on each new hire. Dolores Sharer and [REDACTED] will review this information upon each new employee's hire.

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2's glucometer had a dried red substance on it that appeared to be blood.

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.

Staff have been instructed to monitor the cleanliness of each resident's glucometer each time that it is used before putting it away. Dolores Sharer and [redacted] will also monitor the use of the glucometers on a weekly basis. Resident #2's last name is incorrect.

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

**2a. DESCRIPTION OF VIOLATION**  
 Resident room #17 is shared by 3 male residents. The bed in the right-most corner of the room does not have an operable light source within reach.

**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.

An operable light source has been placed within reach of each bed in resident room #17. Laura Manahan, Housekeeper, will check each resident's room and beds on a weekly basis to make sure the home is compliant with this regulation. Dolores Sharer and [REDACTED] will do continued checks for verification that everything is compliant.

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home's notice to the fire department, dated 11-22-18, does not include the total capacity of 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 home's notice has been given to the fire department with the total capacity of the home included. Documentation of the notification is on file. Sam Ackley, Maintenance, shall be responsible each year to make sure that the fire department has a current notice. Dolores Sharer and [redacted] will check each year to make sure that this is complete.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dolores L Sharer, Administrator Date 1/25/2019

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 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**  
 The home regularly staffs 1 person on their 9pm to 5am overnight shift. In the past 12 months, the home has not conducted a fire drill with only 1 staff person participating.

**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 home will conduct a fire drill with one staff person on duty from 9 pm to 5 am as soon as the weather breaks (no wind chill, snow, rain). Maintenance will oversee the fire drills for each month and times to include all shifts, daytime and nighttime. Dolores Sharer and [redacted] will review the fire drill log to ensure the home is in compliance with regulations.

The Administrator will submit the home's monthly fire drill log following the overnight drill to the Northeast Regional Office. The drill shall take place no later than 2-28-19. 2-1-19

*AG*

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

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 # 3's medical evaluation (DME), dated 7-18-18, does not list the resident's weight or the resident's diagnoses of hypertension, GERD, COPD, pain, and anxiety.

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.  
 Weight and diagnosis has been added to resident #3's DME. [REDACTED] and Dolores Sharer will review each DME for completeness after having it completed by the physician.

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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald

PCH Name: SMITH'S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident # 4's medical evaluation (DME), dated 9-5-18, is missing the resident's diagnoses of hypoparathyroidism, hypothyroidism, metabolic syndrome, GERD, vitamin B12 deficiency, folate deficiency, and magnesium deficiency. Resident # 1's medical evaluation (DME), dated 4-18-18, is missing the resident's weight, pulse rate, temperature, and the resident's diagnoses of Bipolar Mixed, Mild intellectual disability, and depression.

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.

DMEs for Resident #4 and #1 have been completed with the missing information. [redacted] and Dolores Sharer will review each DME after the physician has completed his medical exam of the resident to make sure all information has been added to the DME.

Repeat Violation: No

Date(s) of Previous Violation(s):

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 1/25/2019

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- Not Implemented

Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
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 # 2's glucometer was not calibrated for the correct date and time.

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's glucometer has been calibrated with the correct date and time. All other glucometers in the home have been checked for accurate date and time. Dolores Sharer and [redacted] will check each new glucometer for correct date and time as well as changing the time each time standard time changes. Resident #2's last name on this report is incorrect.

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(Initials)

Plan of correction implementation status as of 2-1-19  
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Violation Report: 23878 - 12/13/2018 - Dumas, Gerald  
 PCH Name: SMITH'S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 Resident # 3's (date of admission 7-5-18) Preadmission Screening form does not include the "Date Screening Completed."

**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 date of preadmission screening has been added to resident #3's Preadmission Screening form. [REDACTED] and Dolores Sharer will review each preadmission screening form for completeness before admitting any new resident.

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