



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
MAILING DATE: March 21, 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 inspection on January 9, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 23878 - 01/09/2019 - Deluca, Amy
PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 65 Pa.Code §2600
2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
On 1/9/2019 department representatives observed several bed bugs in the mattress of resident #1 located in room 23 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.

Thompson Pest Control Co, 1579 Back Rd, Sugar Run PA 18846, was contracted to do a thorough and complete extermination of the Home. They have completed an initial extermination and have been back for follow up inspections. They will continue to do follow up inspections.

In addition, bed bug blocker zippered mattress cover protectors have been added to the mattresses and box springs.

When a new resident arrives, all clothing will be cleaned and dried before being put into their designated room.

The administrator shall monitor for ongoing compliance.

[Signature]
3/11/19

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 *3/11/2019*

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

<p>The above plan of correction is approved as of <u>3/11/19</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>3/11/19</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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