October 16, 2019

Ms. Sharon Ann Metzger
Owner/Administrator
SMEM 1957 LLC
1441 Baltimore Pike
Hanover, Pennsylvania 17331

RE: Sharon's Personal Care Home
Certificate #: 332390

Dear Ms. Metzger:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 30, 2019 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,

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SHARON'S PERSONAL CARE HOME* **License Number:** *332390*
Address: *1441 BALTIMORE PIKE, HANOVER, PA 17331*
County: *YORK* **Region:** *CENTRAL*

Administrator

Name: *Sharon Metzger* **Phone:** *7176321414* **Email:** *SPCH1441@GMAIL.COM*

Legal Entity

Name: *SMEM 1957 LLC*
Address: *1441 BALTIMORE PIKE, PA, 17331*

Certificate(s) of Occupancy

8/28/2001 C-2 LP L I

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *18* **Waking Staff:** *14*

Inspection

Type: *Full* **BHA Docket #:** **Notice:** *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

04/30/2019 - On-Site: Kellie Cargile, Laura Heemer

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* **Residents Served:** *18*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1*
Are 60 Years of Age or Older: *17*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0*
Have Physical Disability: *0*

Rec'd
6/20/19
GE

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has a gas burning stove in the kitchen. The home did not have a Carbon Monoxide detector in the vicinity of the stove in accordance with the Care Facility Carbon Monoxide Alarms Standards Act.

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.)

May 2, 2019 Administrator installed Carbon Monoxide Detector in Kitchen. As seen in picture.

Administrator or designee will check the detector on a quarterly basis for battery replacement, etc.to ensure it remains operable. - GE, 8/28/19

Legal Entity Representative

Sharon A Metzger — Signature

Sharon A Metzger Administrator / Owner — Printed Name and Title — 6-10-19 Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/28/19 (Date)

Plan of correction implementation status as of 8/28/19 (Date)

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

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

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has two V-tech audio monitors in the upstairs lounge and in the kitchen. The audio monitors were on and functional during the inspection.

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.)

V-Teck audio monitors were removed 4-30-19 on site
Day of inspection 4-30-19 Corrected on site

Ongoing, the home will ensure that the right to privacy of self and possessions is protected. - GE, 8/28/19

Legal Entity Representative

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Sharon A Metzger Administrator — Printed Name and Title
6-10-19 — Date

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125b - Combustible Restrictions

Regulations

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 4/30/19, a 15-pound Blue Rhino propane tank was unattended and accessible to residents outside of the facility near the garden and sitting area.

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.)

Blue Rhino propane tank was removed from grill. Stored in Shed on 5-3-19

Grill covered and put away as seen in photo.

Ongoing, all combustible materials will be locked and inaccessible to residents. If staff discover any combustible materials, efforts to secure the materials will be made immediately. - GE, 8/28/19

Legal Entity Representative

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132c - Fire Drill Records

Regulations

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.

Description of Violation

The fire drill records for the drills conducted from May to December 2018 indicate that exits 1, 6 and 7 were used. During the fire drills conducted from January to March 2019, exits 1, 3 and 6 were used. The home's administrator documented which exits were available on the fire drill log, not which exits were actually used.

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.)

Administrator Reviewed the fire Drill Records, Noted Wrong door numbers were wrote Down.
The doors used for fire drills are door 1, 3, and 6
AS Shown in pictures

Administrator will review fire drill records on a monthly basis to ensure that all the required information is recorded correctly. The review of the logs will be included in the home's periodic quality management reviews.- GE, 8/28/19

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132e - Fire Drill Sleeping Hours

Regulations

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 3/28/19 at 9:10 pm. The previous sleeping hours fire drill was conducted on 8/9/18 at 9:15 pm.

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.)

Administrator will mark the calendar when the next Night time fire drill is scheduled the month of Sept., also the month will be yellow highlighted so we know that is night time fire drill, as seen in picture of the calendar + Fire drill schedule in DHS Book.

The monthly fire drills will be discussed at the home's periodic quality management reviews. - GE, 8/28/19

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

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.

Description of Violation

The home's designated smoking area has one metal chair with an upholstered back cushion that does not meet fire safety standards. The cushion has a small round hole that appears to be a burn mark.

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.)

4-30-19 Corrected on site
When inspected brought it to Administrator's Attention
I took the cushion off the chair and threw it in the dumpster. Picture taken 6-10-19

The staff will monitor the designated smoking area daily to ensure that smoking procedures are followed. The results of the staff monitoring of the smoking area will be included in the home's next quality management review. - GE, 8/28/19

Legal Entity Representative

Sharon A Metzger — Sharon A Metzger Administrator/owner — 6-10-19

Signature — Printed Name and Title — Date

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183b - Meds and Syringes Locked

Regulations

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 4/30/19 at 9:00 am, 11:00 am, and 2:00 pm, the medication cart was observed to be unlocked, unattended and accessible to residents and visitors in the dining room.

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.)

Administrator 5-1-19 pulled Staff member into office and re-educated Staff member on medication cart must be locked at all times.
Administrator will check med cart frequently when staff is working to make sure Cart is locked.
Staff will be sent 6-19-19 to be Retrain on medication Training. Will fax copy of Training when recieved

Legal Entity Representative

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Sharon A Metzger Administrator/Owner — Printed Name and Title
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183f - Discontinued Medications

Regulations

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A bottle of Bayer Aspirin, 81 mg, prescribed to Resident #1, was located in the home's medication cart. This medication expired 3/2019.

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.)

4-30-19 Corrected on site Removed bottle of Bayer Asprin 81 mg
Administrator will allways check dates on medication on residents moving in from home.
Replaced Bottle with new bottle on 4-30-19
As seen in Photo

Legal Entity Representative

Sharon A Metzger — Signature

SHARON A Metzger Administrator/OWNER — Printed Name and Title

6-10-19 — Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.

Description of Violation

Resident #2's Medication Administration Record (MAR) did not include a diagnosis or purpose for any of his/her medications. Medications included: Atorvastatin, 20 mg; Bumetanide, 2 mg; Clopidogril, 75 mg; and Pharbetol, 500 mg.

During the medication audit on 4/20/19 at 11:00 am, Resident #2's MAR had been initialed in the space for the 8 pm administration of Pharbetol, 500 mg on 4/30/19.

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.)

Administrator told inspector we were in the middle of changing pharmacy & we were getting New mars sent that day 4-30-19 Pharmacy delivered 4-30-19 correctedon site. The diagnosis were put on mars.
Resident #2 was given Routine Tylenol @ 8:20pm No other dose given.
copy of mars for April & May with Diagnosises

Administrator or designee will complete a weekly audit of the MARs. Training of staff persons regarding incorrect medication administration will be conducted as needed. The results of the medication audits will be discussed at the home's periodic quality management reviews.- GE, 8/28/19

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 receives Humalog per sliding scale as follows: blood sugar reading of 150-200 = 2 units, 201-250 = 4 units, 251-300 = 6 units, 301-350 = 8 units, and 351-400 = 10 units.

On 4/27/19 at 8 am, blood sugar reading was 227, requiring 4 units of insulin. The medication administration record (MAR) shows that 6 units were administered.
On 4/23/19 at 5 pm, blood sugar reading was 308, requiring 8 units of insulin. The MAR shows that 6 units were administered.
On 4/23/19, at 9 pm, blood sugar reading was 263, requiring 6 units of insulin. The MAR shows that 8 units were administered.

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.)

Administrator went over diabetic training with Staff. Administrator Will be monitoring mars weekly Also Administrator will be monitor them as they give insulin and Documenting on the Mars. Administrator is trying to find another Diabetic Training To send Staff.

The results of the weekly medication monitoring will be discussed at the home's periodic quality management reviews. - GE, 8/28/19

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190b - Insulin Injections

Regulations

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 4/29/19 at 9 pm, 4/26/19 at 9 pm and 5 pm, and 4/22/19 at 9 pm and 5 pm, Staff Person A, who has not received diabetic training from an approved diabetes education program, administered insulin to 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.)

Going forward we will have staff trained by Diabetic Education Program Before we allow them to administer insulin.

Staff training needs will be addressed at the home's periodic quality management reviews. - GE, 8/28/19

Legal Entity Representative

Sharon A Metzger (Signature) — Sharon A Metzger Administrator/Owner (Printed Name and Title) — 6-10-19 (Date)

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252 - Record Content

Regulations

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #2's record does not include a photo that is less than 2 years old. The photo in Resident #2's file was dated for the year 2015.

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.)

Going forward every 2 yrs we will update all pictures on Residents files. As seen in Photo
All Residents will be done At the same time

The identified resident had a new photo taken and placed in the resident's file in May of 2019. - GE, 8/28/19

Legal Entity Representative

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SHARON A. Metzger Administrator/OWNER — Printed Name and Title
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