



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via email to: smithpch@frontier.com**  
**MAILING DATE: February 24, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 22, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: SMITH'S PERSONAL CARE HOME

License Number: 23878

Address: 47 FRONT STREET, P.O. BOX 65,, WYALUSING, PA 18853

County: BRADFORD

Region: NORTHEAST

## Administrator

Name: Dolores Sharer

Phone: 5707463736

Email: smith@frontier.com

## Legal Entity

Name: DOLORES L SMITH SHARER

Address: P.O. BOX 65, WYALUSING, PA, 18853

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/30/1987

Issued By: L&I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 21

Waking Staff: 16

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

01/22/2020 - On-Site: Amy Deluca, Jason Harvey

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 34

Residents Served: 21

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 16

Are 60 Years of Age or Older: 12

Diagnosed with Mental Illness: 6

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 0

Have Physical Disability: 0

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License inspection summaries dated 12/13/2018 and 1/9/2019 were not posted in the home.

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 current inspection summary dated 1/22/2020 was posted on the bulletin board located in the kitchen on February 7, 2020. Dolores Sharer, Administrator, or Jessica Roberts, Asst. Administrator, will post all License inspection summaries within a day of when they are received.

Immediately & Ongoing:

The administrator will ensure that the current license and a copy of all violation reports where full compliance has not been verified are posted in a conspicuous and public place within the home. Copies of the violation reports and plans of correction will also be available for review upon request of the residents or their designated persons.

2-20-2020- MM

Legal Entity Representative

Dolores L Sharer  
Signature

Dolores L Sharer, Administrator  
Printed Name and Title

2/17/2020  
Date

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The above plan of correction is approved as of 2-20-2020  
(Date)

Plan of correction implementation status as of 2-20-2020  
(Date)

Implemented

Not Implemented

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

17 - Record Confidentiality

Regulations

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.

Description of Violation

The license inspection summary dated 12/13/2017 had the resident privacy coding sheet attached to it, exposing confidential resident information.

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 coding document attached to the 1/22/2020 License inspection summary has not been posted and will remain in the locked office confidential files. Dolores Sharer, Administrator, and Jessica Roberts, Asst. Administrator, will continue to keep the coding document locked in the office records.

Immediately and Ongoing:

All resident records and information will be confidential and stored in a manner that protects confidentiality that is consistent with this chapter. The administrator shall monitor for ongoing compliance.

2-20-2020-MM

Legal Entity Representative

Dolores L Sharer  
Signature

Dolores L Sharer, Administrator  
Printed Name and Title

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Date

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54a - Direct Care Staff

Regulations

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A was hired on 12/9/19. The home did not have documentation that staff person A has a GED or high school diploma. Staff person A provides direct care to residents.

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 person A's employment has been suspended until proof of her GED or high school diploma. Dolores Sharer, Administrator, or Jessica Roberts, Asst Administrator, will make sure all new employees will have all appropriate paperwork on the first day or before.

Within 10 days of receipt of the plan of correction:

The administrator will develop and implement a system that ensures that all newly-hired direct care staff persons produce evidence of high school diploma or GED on or before the first work day. The administrator shall be responsible for monitoring and ongoing compliance. 2-20-2020 - MM

Legal Entity Representative

*Dolores L Sharer*

Signature

Dolores L Sharer, Administrator

Printed Name and Title

2/17/2020

Date

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64c - Annual Training

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator B completed only 22.75 of the required 24 hours of administrator training for the 9/1/18 to 8/30/19 training year. Administrator C completed only 21.5 of the required 24 hours of administrator training for the 9/1/18 to 8/30/19 training year.

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 B and C are enrolled in Collins Learning online courses to complete the required number of hours by March 15, 2020. Dolores Sharer, Administrator, and Jessica Roberts, Asst Administrator, will monitor all credit hours for continuation of administrator certification hours.

Immediately and Ongoing:

The administrator will complete the missing hours for the 2019 training year from a source that is approved by the Department. The administrator shall submit the completed training hours to the departments regional office by 4-1-2020. In the future, the administrator will have at least 24 hours of training from a source approved by the Department in each training year. The administrator shall maintain all training records and have available for review upon request by the department.

2-20-2020  
MM

Legal Entity Representative

Dolores L Sharer  
Signature

Dolores L Sharer, Administrator      2/17/2020  
Printed Name and Title      Date

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## 85a - Sanitary Conditions

## Regulations

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

The glucometer kit for resident #1 had dried blood on the side of the box and on a piece of paper inside the box.

## 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 glucometer kit for resident #1 has been cleaned. Staff member Bonnie Decker will be responsible for making sure all glucometer kits remain clean. Dolores Sharer, Administrator, and Jessica Roberts, Asst Administrator, will check the kits every 2 weeks to make sure all are kept clean.

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Dolores L Sharer  
Signature

Dolores L Sharer, Administrator      2/17/2020  
Printed Name and Title      Date

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## 171b5 - First Aid Kit

## Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

## Description of Violation

The first aid kit stored in the vehicle used to transport residents did not contain tweezers.

## 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.)

Tweezer have been put into the first aid kit. Jessica Roberts, Asst Administrator, will make sure all required contents are in the kit. Ms. Roberts will continue to check on a monthly basis.

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*Dolores L Sharer*

Signature

Dolores L Sharer, Administrator

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## 187b - Date/Time of Medication Admin.

## Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## Description of Violation

Resident #1 receives regular blood glucose checks and insulin administered on a sliding scale. On the following dates staff did not record the number of insulin units administered on the resident's MAR: 1/5/20, 1/7/20, 1/8/20, 1/15/20, and 1/21/20.

On 1/16/20, 1/17/20, and 1/20/20 staff administered resident #2's 4pm dose of Pentoxifylline but did not initial the medication administration record (MAR) when it was 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.)

Review of procedures has been completed with each staff trained in medication administration and diabetic trained. Dolores Sharer, Administrator, and Jessica Roberts, Asst Administrator, will each week review the resident MARs for proper completion and insulin administration.

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Signature

Dolores L Sharer, Administrator      2/17/2020  
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(Initials)       Not Implemented

## 187d - Follow Prescriber's Orders

## Regulations

2600.

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

## Description of Violation

Resident #1 receives regular blood glucose checks and insulin administered on a sliding scale. On 1/20/20 at 4pm the blood glucose reading was 256, requiring 6 units of insulin. Only 4 units of insulin 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.)

All medication administration trained staff had diabetes and insulin training on 1/30/2020 provided by Cheryl J Barclay, Registered Diabetic Educator from Susquehanna Health, Diabetes and Nutritional Counseling Center. Dolores Sharer, Administrator, and Jessica Roberts, Asst Administrator, will review insulin administration records on a weekly basis.

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Signature

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## 251b - Record Entries Legible

## Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

## Description of Violation

Resident #3's contract dated 11/1/19 contained white out on the area for the monthly cost of the resident's room and care.

## 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 #3's contract has been rewritten without any white out. All staff have been instructed to never use white out for any errors. Dolores Sharer, Administrator, and Jessica Roberts, Asst Administrator, will continually review all records for errors or corrections without using any correction fluid.

## Legal Entity Representative

*Dolores L Sharer*

Signature

Dolores L Sharer, Administrator

Printed Name and Title

2/17/2020

Date

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