Department of Human Services
Bureau of Human Service Licensing

August 23, 2021

[redacted]
P.O. BOX 65
WYALUSING, PA, 18853

RE: SMITH'S PERSONAL CARE HOME
47 FRONT STREET, P.O. BOX 65
WYALUSING, PA, 18853
LICENSE/COC#: 23878

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/13/2020, 05/14/2020, 05/27/2020, 05/28/2020, 05/29/2020, 06/03/2020, 06/04/2020, 06/05/2020, 06/10/2020, 06/12/2020, 06/17/2020, 06/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY

Facility Information

Name: *SMITH'S PERSONAL CARE HOME* **Licen e #**: *23878* **Licen e Expiration Date**: *02/04/2021*
Addre : *47 FRONT STREET, P O BOX 65, WYALUSING, PA 18853*
County: *BRADFORD* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: *5707463736* **Email**: [redacted]

Legal Entity

Name: *DOLORES L SMITH SHARER*
Address: *P.O. BOX 65, WYALUSING, PA, 18853*
Phone: *5707463736* **Email**: [redacted]

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**: *22* **Waking Staff**: *17*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Rea on: *Complaint,Incident* **Exit Conference Date**: *06/17/2020*

Inspection Dates and Department Representative

05/13/2020 - Off-Site: [redacted]
05/14/2020 Off Site
05/27/2020 - Off-Site:
05/28/2020 - Off-Site:
05/29/2020 - Off-Site:
06/03/2020 Off Site
06/04/2020 - Off-Site:
06/05/2020 - Off-Site:
06/10/2020 - Off-Site:
06/12/2020 Off Site
06/17/2020 - Off-Site:
06/18/2020 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *34* **Re ident Served**: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *17* **Are 60 Years of Age or Older**: *12*

Diagnosed with Mental Illness: *7* **Diagnosed with Intellectual Disability**: *4*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/13/2020 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/06/2020*

4/1/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow Up Date** *04/12/2021*

8/23/2021 - Document Submission

Lead Reviewer: [redacted] **Follow Up Type**: *Not Required*

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

The Administrator of the home, A ,acknowledged that in around 4/20/20, after resident # 1 had exhibited increased signs of paranoia, accusing staff of poisoning [redacted], drinking an excessive amount of water, self-induced vomiting and began eloping from the home without telling staff - The home should have contacted [redacted] physician and or local county mental health agency or both thereby receiving direction on how to address these behaviors and the opportunity of a professional to be more involved in resident # 1's care. As a result, resident # 1's behaviors continued until 5/4/20 at which time a physician agreed that resident # 1 would be best served at a higher level of care. The resident's physician was not updated on [redacted] condition.

Plan of Correction - 04/01/2021 **Accept**

Documentation was included in the resident's file and family was contacted. On [redacted], [redacted] went to the ER and family was contacted. Upon [redacted] return, we were not allowed to have access to the after care summary. On 4/28/20, [redacted] who is [redacted] POA would not allow [redacted] to go to a different facility. On 4/28/2020, [redacted] spoke with [redacted] from Area Agency on Aging and [redacted] said to give the resident a 30 day notice. On [redacted] [redacted] was sent to the ER again. We will no longer accept a resident whose family will not allow us to deal with residents needs.

Completion Date: *03/31/2021*

Update - 03/31/2021

Upon Resubmission of the Plan of Correction, the Administrator will attach, VIA the Portal, a copy of a RASP that has FAMILY INVOLVEMENT. This will demonstrate compliance.

AG, 4-1-21

Document Submission - 08/23/2021 **Implemented**

Resident RASP shows family involvement.

187a - Medication Record

1. Requirements

2600.

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

Description of Violation

The medication Administration Record for resident # 1 Seroquel 50 mg Take 1 tab written to be administered 3 times daily for mood however, the times administered on the M.A.R. were at 7 a.m., 11 a.m., 4:00 p.m. and 7:00 p.m. The home's Administrator and Medication Administration Trainer stated, that the script indicates Seroquel to be administered 3x daily. Staff had initialed that administrations were administered on "7:00 P.M." on 5/1/20, 5/2/20, 5/3/20, 5/4/20, 5/5/20, 5/6/20, 5/7/20, 5/8/20 and 5/9/20.
Additionally, the M.A.R. indicated that on 5/2/20 at 4:00 p.m. the mediation was not initialed as administered.

187a - Medication Record *(continued)*

Plan of Correction - 04/01/2021 **Accept**

Medication records are being kept for all residents with appropriate times of administration.

Completion Date: *03/31/2021*

Update - 03/31/2021

Upon Resubmission of the Plan of Correction, the Home will include the MAR for Resident # 1, or a Similar Resident with CORRECTED OR AMMENDED times of medication administration.
This may be a brittle diabetic with changing orders for insulin, or a resident with changing orders for blood thinners that had doses or days of administration changed.
The MAR must be submitted VIA the Portal.

AG, 4-1-21

Document Submission - 08/23/2021 **Implemented**

A resident's Metformin dosage was changed on 8/5/2021

224b - Assessment Referral

1. **Requirements**

2600.
224.b. An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.

Description of Violation

Resident # 1 behaviors increased over time since the last physician's office visit 1/14/20 at which time resident # 1's hallucinations were addressed with the discontinuance of Benadryl. The additional behavior since 1/14/20 included consuming large quantities of water in a short time which had the potential of causing a serious health condition . Resident # 1 also increased [redacted] elopements putting [redacted] at risk of harm. The Administrator did not assist or encourage the resident to seek mental health services in the community regarding these new issues. Mental health intervention for resident # 1's care did not occur until the social worker at the hospital recommended a [redacted] on 5/14/20.

Plan of Correction - 04/01/2021 **Accept**

5/1/2020, [redacted] called to set up an appointment by [redacted] physician for an assessment as to whether it was mental or physical. Appointment was made for 5/4/2020 and family will transport. Family states [redacted] only likes to go for walks. We will monitor residents for unstable behavior and contact any appropriate agencies.

Completion Date: *03/31/2021*

Update - 03/31/2021

Upon Resubmission of the Plan of Correction, the Home will submit a RASP, or an Addendum, for a Resident with changes for physical or mental, or behavioral health needs that needed to be addressed.
A referral to an appropriate assessment agency must be included, if necessary. If no referral was made, an explanation must be included as to why none was made.
The document(s) must be submitted VIA the Portal.
This will demonstrate verification on the part of the Home.

AG, 4-1-21

224b - Assessment Referral *(continued)*

Document Submission - 08/23/2021 **Implemented**

A RASP has been updated for a resident to be transferred to a nursing home. Waiting on an MA-51 from the Dr as AAA has completed an assessment for nursing home approval.

227d - Support Plan Medical/Dental

1. **Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 1's most recent support plan dated 5/4/20 does not include the name of resident # 1's family physician. The RASP does not advise direct care staff how to respond for ongoing behaviors with episodes of paranoia, drinking excessive amounts of water and attempts to leave the home on multiple occasions without supervision.

Plan of Correction - 04/01/2021 **Accept**

RASPs for residents will include all documented data as addressed in 2600.227.d and be updated whenever any changes occur.

Completion Date: *03/31/2021*

Update - 03/31/2021

The Administrator must put a Plan in place for auditing every current Resident Record and noting what date it was reviewed. There must be a note that the primary care physician is either present or added. This audit document must be sent VIA the Portal to demonstrate compliance.

AG, 4-1-21

Document Submission - 08/23/2021 **Implemented**

All resident records have been reviewed for completeness by [redacted], Administrator.

228b - Discharge or Transfer

1. **Requirements**

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

Resident # 1 was issued a 30-day notice on [redacted] The notice does not indicate the resident's name nor the designated person in charge of the resident's affairs. There is no notation to indicate measures to prevent the 30-day notice, if possible.

228b - Discharge or Transfer *(continued)*

Plan of Correction - 04/01/2021 **Accept**

Measures to prevent a 30-day notice were made but not noted in the 30-day notice. [redacted], Administrator, will ensure that all 30-day notices will include all appropriate names, reason for notice, any measures taken to prevent the notice, and signed by the administrator in charge.

Completion Date: *03/31/2021*

Update - 03/31/2021

Upon Resubmission of the Plan of Correction the Administrator will include a copy of the CORRECTED copy of the discharge notice that was cited.
If that is not possible, then the home will produce a more recent copy of a Resident Discharge Notice, if applicable.
If that is not possible, then the Administrator will construct a BLANK COPY of a Resident Discharge Notice, to include all of the necessary items to be included in the notice, as per the regulation. This Sample Document will be summitted VIA the Portal as evidence of Compliance.

AG, 4-1-21

Document Submission - 08/23/2021 **Implemented**

A 30 day notice for another former resident is being submitted.