

Department of Human Services
Bureau of Human Service Licensing

April 9, 2021

[REDACTED], OWNER
DOLORES L SMITH SHARER
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 11/24/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

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

Administrator

Name: [REDACTED] **Phone:** 5707463736 **Email:**
[REDACTED]
[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: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 11/24/2020

Inspection Dates and Department Representative

11/24/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 **Residents Served:** 22

Secured Dementia Care Unit

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

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 18 **Are 60 Years of Age or Older:** 14
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 5
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

11/24/2020 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *12/18/2020*

3/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/05/2021*

4/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

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

On 11/24/20, two camera were present in the home's kitchen. Both cameras were noted to be recording for a 5 day period at a time.

Plan of Correction

Accept

The cameras located in the kitchen area have been stopped from recording. Any previous recordings have been deleted.

Completion Date: 11/25/2020

Update - 03/25/2021

Immediately and Ongoing:

The home will ensure that the right to privacy of self and possessions is protected.

The administrator shall be responsible for ongoing compliance.

Document Submission

Implemented

Cameras continue to not record

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

54a - Direct Care Staff

1. Requirements

2600.

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

Description of Repeat Violation

Direct care staff person A was hired on [REDACTED]. The home did not have documentation that staff person A has a GED or high school Diploma. Staff person A provides direct care.

Plan of Correction

Accept

A copy of the direct care staff person A has given us a copy of [REDACTED] high school diploma and is also in [REDACTED] third year of college. [REDACTED], Administrator, and [REDACTED] Assistant Administrator, will continue to track high school diplomas/GEDs of all newly hired employees.

Completion Date: 11/28/2020

Update - 03/25/2021

Please send/Attach proof of compliance.

Document Submission

Implemented

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

65b - Rights/Abuse 40 Hours

1. Requirements

65b - Rights/Abuse 40 Hours (continued)

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:

Description of Violation

Staff person A completed 40 hours of scheduled work.. However, this staff person did not complete training in the following topics: Resident Rights and Emergency Medical Plan.

Plan of Correction

Accept

Staff person A has been trained in Resident Rights and Emergency Medical Plan. [redacted], Administrator, and [redacted], Assistant Administrator, will make sure that all employees complete the training in Resident Rights and Emergency Medical Plan as well as any other required trainings.

Completion Date: 11/28/2020

Update - 03/25/2021

Please send/Attach proof of compliance.

Document Submission

Implemented

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [redacted]

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 6 hours of annual training in training year 2019.

Plan of Correction

Accept

Direct care staff person A received an additional 6 hours of required annual training in training year 2020. [redacted], Administrator, and [redacted], Assistant Administrator, will make sure that all staff persons will receive all required trainings during the training year as prescribed.

Completion Date: 12/05/2020

Update - 03/25/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [redacted]

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

65f - Training Topics (continued)

Description of Repeat Violation

Direct care staff person A did not receive training in medications self-administration, instructions on meeting the needs (DME & RASP), care for residents with dementia & cognitive impairments, infections control, personal care service needs of the resident, safe management techniques, care for residents with MH or ID during training year 2019.

Plan of Correction**Accept**

Direct care staff person A has received [REDACTED] training in medications self-administration, instructions on meeting the needs (DME & RASP), care for residents with dementia & cognitive impairments, infections control, personal care service needs of the resident, safe management techniques, care for residents with MH or ID during training year 2019. [REDACTED], Administrator, and [REDACTED] Assistant Administrator, will make sure that all direct care staff will receive their required trainings in these areas.

Completion Date: 12/12/2020

Update - 03/25/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The basement refrigerator had a large bowl of jello that was not labeled with a date the food item was placed in the refrigerator.

The main kitchen refrigerator have 1 package of 5 slices of American cheese was not labeled with the date the cheese was opened.

Plan of Correction**Accept**

The jello had been prepared in the morning for the evening meal and had not been labeled. [REDACTED] Administrator, and [REDACTED], Assistant Administrator, will do continuous inspections during each week to make sure that all open or prepared foods are labeled.

Completion Date: 11/25/2020

Update - 03/25/2021

Within 5 days of receipt of this plan of correction:

Staff shall be trained regarding food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

The administrator or designee shall monitor this weekly X's 3 months.

103e - Left Overs (continued)

Document Submission

Implemented

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The refrigerator located in the main kitchen area had 1 package of Walmart brand hard salami luncheon meat and 1 package of Land o Lakes Honey Ham luncheon meat that was not labeled with a date the food items were opened.

Plan of Correction

Accept

All opened foods have been labeled with the opened date. [REDACTED], Administrator, and [REDACTED], Assistant Administrator, will do continuous checks of opened foods to make sure all are labeled as to when they were opened.

Completion Date: 11/25/2020

Update - 03/25/2021

Within 5 days of receipt of this plan of correction:

The administrator will designate a person to check all food items stored in the home to ensure that no outdated or spoiled food or dented cans are used.

The administrators shall monitor weekly X's 4 months for ongoing compliance.

Document Submission

Implemented

Two staff have been designated to check all food items

Update - 04/08/2021

On site verification 3 31 2021 by [REDACTED]

121a Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

A large garbage bag full of blankets was found located in front of the right front porch fire exit at approximately 9:30 AM and again observed there at approximately 1:00 PM.

Plan of Correction

Accept

The bag full of blankets was removed to its proper location. [REDACTED], Administrator, and [REDACTED], Assistant Administrator, will continually check all exits for obstructions during our daily walk throughs of the home.

Completion Date: 11/24/2020

121a - Unobstructed Egress (continued)

Update - 03/25/2021

Immediately and ongoing:

The identified area will be unobstructed, as will all stairways, hallways, doorways, passageways and egress routes from rooms and from the building.

The administrator shall monitor weekly X's 4 months for ongoing compliance.

Document Submission

Implemented

all staff were instructed to make observations each day of all exit areas to ensure that there are no obstructions.

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2 was found to have a bottle of Nyquil Brand cough medication that was observed out on [REDACTED] bedside table. Resident # 2's DME and RASP indicated [REDACTED] is not capable of self-medicating.

Plan of Correction

Accept

Resident #2 purchased the cough medication at the local store without telling any staff members. [REDACTED], Administrator, and [REDACTED], Assistant Administrator, as well as all direct care staff will make observations of all residents rooms for any unauthorized OTC medications that they may have purchased. We will also continue to tell our residents that if they do make a purchase, they will need to give the medications to the staff to hold.

Completion Date: 11/24/2020

Update - 03/25/2021

Immediately and ongoing:

A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

The home will ensure that the ability to self-administer medications is documented during the initial and annual medical evaluations.

The administrator shall monitor and be responsible for ongoing compliance.

Document Submission

Implemented

All staff are continuing to check for unauthorized OTC medication purchases in resident rooms.

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

183e - Storing Medications

1. Requirements

183e - Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed symbicort inhale two puffers 2 times a day. The manufacturer directions indicate the inhaler is to be used within 28 days of the inhaler being opened. The home did not have documentation when the inhaler was opened.

Plan of Correction

Accept

All resident inhalers have been dated when opened as well as having the residents' names on the inhaler. [redacted], Administrator, and [redacted] Assistant Administrator, will continually observe the medications for all markings.

Completion Date: 03/26/2021

Update - 03/25/2021

Immediately and ongoing:

Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. The administrators will monitor medication monthly X's 5 months to ensure ongoing compliance.

Document Submission

Implemented

Medication trained staff have been reminded about 183.e. and [redacted] Administrator, is monitoring compliance.

Update - 04/08/2021

On-site verification 3-31-2021 by [redacted]

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

An unopened box of Hydrocortisone cream and glucose tablets was located in the medication cart. Neither medications had a label on it, indicating which resident the medication was for,

Plan of Correction

Accept

The cream and glucose tablets were "house" medications and were inadvertently placed on the medication cart. [redacted], Administrator, and [redacted] Assistant Administrator, will do continual checks of the medication cart for any "house" products.

Completion Date: 11/24/2020

184a - Labeling OTC/CAM (continued)

Update - 03/25/2021

Within 10 day of receipt of this plan of correction:

Staff shall be retrained regarding medications:

Staff will ensure that all prescription and sample medication containers are labeled with the required information.

The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.*
- (2) The name of the medication.*
- (3) The date the prescription was issued.*
- (4) The prescribed dosage and instructions for administration.*
- (5) The name and title of the prescriber.*

Documentation of training shall be kept by the home and submitted to the department upon completion.

Document Submission**Implemented**

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Prodigy no coding test twice daily for blood sugar. . However, resident 2 was not tested on 11/11/20 at 11:00am as ordered.

Plan of Correction**Accept**

Resident #2 was not at the home at the time of testing and no note was made concerning this absence. [REDACTED]

[REDACTED] Administrator, and [REDACTED] Assistant Administrator, will review the testing records on a weekly basis for completion.

Completion Date: 11/25/2020

Update - 03/25/2021

Within 5 days of receipt of this plan of correction:

Staff shall be trained on the importance of following the directions of the prescriber. The administrator shall audit all physicians orders to ensure they are current and followed by the home.

Documentation of staff training shall be maintained by the home and available to the department upon request.

Document Submission**Implemented**

See attachment

Update - 04/08/2021

On-site verification 3-31-2021 by [REDACTED]