

Department of Human Services
Bureau of Human Service Licensing

October 22, 2021

[REDACTED]

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 05/27/2021, 05/28/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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* License #: *23878* License Expiration Date: *02/04/2021*
Address: *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

Staffing Hours

Resident Support Staff: Total Daily Staff: *17* Waking Staff: *13*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/27/2021*

Inspection Dates and Department Representative

05/27/2021 - On-Site: [REDACTED] y
05/28/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* Residents Served: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/27/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/06/2021*

6/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/06/2021*

10/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Interviews with staff members indicated that Resident #3 refuses showers and will only allow certain staff members to help. The RASP dated [REDACTED] notes the resident requires supervision to shower. The staff members were unable to identify the last time Resident # 3 received a shower. The residents ADLS needs are not being met according to the residents RASP.

Plan of Correction

Accept

Any resident requiring supervision to shower will have a "Completed Shower" log. The log will provide the date, time, and signed by the staff person assisting with the supervision.

Completion Date: 05/28/2021

Update - 06/29/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Home will send in a copy of the Shower Log that is IN USE to demonstrate compliance.

The home will submit the document via the Portal or e mail or Fax to the Regional Office.

[REDACTED] 6-29-21

Document Submission

Implemented

A shower log continues to be in use by direct care staff.

28a - Refunds

1. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident #1 was discharged from the facility on [REDACTED]. Resident #2 was discharged from the facility on [REDACTED]. Both residents did not receive their refunds until 4/30/2021, which exceeds the timeframes as required by this regulation.

Plan of Correction

Accept

A refund within the regulation timeframe will be given to any resident discharged or transferred from our facility upon our notification that a resident has become a permanent resident of another facility.

Completion Date: 06/01/2021

28a - Refunds (continued)

Update - 06/29/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC , the Home will submit a copy of any paper work for a recently discharged resident, OR make up a FORM to be used in the future showing how the Home will document compliance.

The home will submit the document via the Portal or e mail or Fax to the Regional Office.

█, 6-29-21

Document Submission

Implemented

Our procedure for calculating a refund: the monthly room and board paid divided by the number of days in the month (daily rate) times the number of days no longer a resident of the facility = the amount of refund.

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 #3's RASP dated █ has not been updated to reflect the residents current care needs. Interviews and observations of the resident indicated that the resident often refuses showers, however when Licensing representatives asked the resident if █e wanted to take a shower the resident was very eager. Interviews and observations of the resident indicated that the resident has very dry flakey skin. The resident requires assistance to apply lotion to the skin as well as supervision for dressing and toileting reminders.

Plan of Correction

Accept

Resident #3's RASP was updated on █ reflecting the resident's current care needs. The resident was seen by the primary physician on 6/2/2021 with a follow-up with the podiatrist on 6/10/2021. Lotion is being applied to the skin on a daily basis as initialed on the MAR. The resident's shower log will document when the resident has a shower as well as the refusals for a shower.

Completion Date: 06/01/2021

227d - Support Plan Medical/Dental (continued)**Update - 06/29/2021**

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Home will send in a copy of the MAR for June '21 showing skin care and any DR orders from the PCP and the Podiatrist for resident # 3 for follow up care referenced in the POC.

This will demonstrate compliance.

If any staff training was conducted on meeting resident needs in Support Plans, signature sheets from that training should also be sent in the Portal, or by FAX or E Mail to the Regional Office.

■, 6-29-21

The home will submit the document via the Portal or e mail or Fax to the Regional Office.

■, 6-29-21

Document Submission**Implemented**

The Podiatrist, Dr. Norris, only had verbal orders for lotion to be applied from the foot to the knee.