

Department of Human Services  
Bureau of Human Service Licensing

May 11, 2022

[REDACTED], OWNER/ADMINISTRATOR

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 11/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
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 License #: 23878 License Expiration: 02/04/2022  
Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853  
County: BRADFORD Region: NORTHEAST

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[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: 28 Waking Staff: 21

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint Incident Exit Conference Date: 11/10/2021

**Inspection Dates and Department Representative**

11/10/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 34 Residents Served: 27

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 1

**Number of Residents Who:**

Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 15  
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 5  
Have Mobility Need: 1 Have Physical Disability: 0

**Inspections / Reviews**

**11/10/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/10/2022

Inspections / Reviews (*continued*)

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/29/2022*

05/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/09/2022*

05/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

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 resident transfer binder containing confidential resident health information was stored in a kitchen drawer unlocked and accessible to anyone entering the kitchen.

Plan of Correction

Do Not Accept

The resident transfer binder has been relocated to the locked office.

Completion Date: 11/10/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

[Redacted], Administrator, relocated the binder to the locked office on 11/10/2021. It is viewed in the office each day when [Redacted] enters the office. It will continue to remain in the locked office.

Completion Date: 11/10/2021

Document Submission

Implemented

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not obtain a criminal background check for Staff person A who was hired 9/20/21.

Plan of Correction

Do Not Accept

Criminal background checks have been initiated on line within the first week of hire for all future hires. Staff person A is no longer employed.

Completion Date: 11/15/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

Dolores Sharer, Administrator, will obtain all criminal background checks for new hires with a receipt of entering information and printing background certifications. Dolores Sharer will start a check-off sheet for each new employee.

Completion Date: 05/02/2022

Document Submission

Implemented

57a - Designee Present/Age

1. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

The home did not have documentation that a staff person was present in the home on 11/6/21 from 1am to 6am.

Plan of Correction

Do Not Accept

Staff schedules are now revised with each staff change. When staffing is limited, the administrator, [redacted], and [redacted], Direct Caregiver, cover the time slots and are now reflected on the staff schedule as needed.

Completion Date: 11/18/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

[redacted], Administrator, does the staff scheduling each week on Tabula Pro and makes revisions on the software when staff changes occur. Time sheets are now compared to the schedules to validate the printed schedules are correct.

Completion Date: 11/18/2021

Update: 05/05/2022

Administrator shall monitor staffing patterns daily to ensure that at all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home.

The administrator shall be responsible for ongoing compliance. 5-5-22 MM

Document Submission

Implemented

Administrator shall monitor staffing patterns daily to ensure that at all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home.

The administrator shall be responsible for ongoing compliance. 5-5-22 MM

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.

Description of Violation

Staff person A who was hired [redacted] did not have training in the topics required by this regulation.

**65a - FS Orientation 1st Day (continued)**

Staff person B was hired [REDACTED] and did not have training in the topics required by this regulation until 09/29/21.

**Plan of Correction****Do Not Accept**

*Dolores Sharer, Administrator, will be sure all staff will be provided their appropriate training as required when hired.*

**Completion Date:** 12/07/2021

**Update:** 04/19/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM*

**Plan of Correction****Accept**

*[REDACTED], Administrator, will provide all trainings as required to staff, keeping records of trainings completed. Each employee will sign off on each training given. A check-off sheet will be developed for the beginning of each new employee.*

**Completion Date:** 05/02/2022

**Update:** 05/05/2022

*The administrator shall monitor and ensure ongoing compliance. 5-5-22 MM*

**Document Submission****Implemented**

*The administrator shall monitor and ensure ongoing compliance. 5-5-22 MM*

**65b - Rights/Abuse 40 Hours****1. Requirements**

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:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff person B was hired [REDACTED] and did not have training in the topics required by this regulation within 40 hours of their first work day.*

**Plan of Correction****Do Not Accept**

*[REDACTED], Administrator, will see that all newly hired staff will have all appropriate training as required within their first 40 hours of work.*

**Completion Date:** 12/07/2021

**Update:** 04/19/2022

*Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM*

**Plan of Correction****Accept**

*[REDACTED], Administrator, will be responsible for newly hired staff having all required trainings as required within 40 hours of their first work day showing the number of hours worked each day to total the 40 hours. A check-off sheet will be developed for each new employee to sign as confirmation of when trainings were completed.*

**Completion Date:** 05/02/2022

65b - Rights/Abuse 40 Hours (continued)

Document Submission

Implemented

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

The exit door leading from resident room 17 was obstructed by a trash bag laying across the floor in front of the door.

Plan of Correction

Do Not Accept

The exit door leading from resident room 17 is checked each day by Administrator [redacted], Direct Caregivers [redacted] or [redacted] as residents residing in that room are checked on each day.

Completion Date: 11/12/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

[redacted], Administrator, will be responsible to make sure the exit door in resident room 17 is not obstructed. [redacted] and [redacted], Caregivers, check the room each day (morning and afternoon) and [redacted], Administrator, will check once each week for compliance. A sign off sheet will be developed for monitoring.

Completion Date: 05/02/2022

Document Submission

Implemented

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The evacuation diagram posted in the home did not have exits clearly marked, arrows indicating the direction of travel to exits, or fire extinguisher locations labeled.

Plan of Correction

Do Not Accept

All evacuation diagrams have been checked and display exits clearly with arrows and location of fire extinguishers

Completion Date: 11/15/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

[redacted], Administrator, has checked all evacuation diagrams for compliance in displaying exits clearly with arrows and location of fire extinguishers. Each evacuation diagram has been checked and completed with any

123c - Evacuation Diagrams (continued)

faded markings being highlighted.

Completion Date: 11/15/2021

Document Submission

Implemented

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The documentation of medical evaluation (DME) form dated [redacted] for resident #1 did not indicate the resident's health status or cognitive functioning.

Plan of Correction

Do Not Accept

[redacted], Administrator, has and will continually review all resident DMEs for completion of all applicable areas.

Completion Date: 11/23/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Plan of Correction

Accept

[redacted], Administrator, has completed the DME for resident #1 and has reviewed all current resident DMEs for completion. [redacted] will review all DMEs and [redacted], Direct Caregiver, will also review the DMEs for completion.

Completion Date: 11/23/2021

Document Submission

Implemented

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.

182c - Medication Administration (continued)

- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

**Description of Violation**

On 10/24/21 Staff person C handed medications to resident #2 but did not observe the resident taking the medications. Instead, staff person C left the area and resident #3 then took resident #2's medications after resident #3 set the cup of medications down.

**Plan of Correction**

**Do Not Accept**

Staff person C was retrained in medication administration immediately after the incident and an incident report was filed including the retraining form signed by Staff Person C.

**Completion Date:** 10/25/2021

**Update:** 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

**Plan of Correction**

**Accept**

██████████, Administrator and Medication Administration Trainer, retrained Staff Person C immediately after the incident occurred (10/25/2021). ██████████, Administrator, has also reviewed and observed all other medication administration trained staff according to medication administration guidelines. ██████████ will continue to observe staff administering medications.

**Completion Date:** 12/24/2021

**Update:** 05/05/2022

Please attach proof of staff training/education. 5-5-2022 MM

**Document Submission**

**Implemented**

Please attach proof of staff training/education. 5-5-2022 MM

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 #4 began receiving hospice services on ██████████. The support plan for resident #4 dated ██████████ was not updated with the care that the resident required from hospice and it was not updated with the changes in mobility needs of the resident.

**Plan of Correction**

**Do Not Accept**

Resident support plans have been reviewed by ██████████, Administrator, and updated as changes occurred.

**Completion Date:** 11/30/2021

**Update:** 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

227d - Support Plan Medical/Dental (*continued*)**Plan of Correction****Accept**

██████████, Administrator, is responsible for reviewing resident support plans and updating as changes occur. Support plans have been reviewed to date. ██████████ will continue to review residents on a weekly basis for any updates needing to be updated on their support plans.

**Completion Date:** 11/30/2021**Document Submission****Implemented**