

Department of Human Services
Bureau of Human Service Licensing

May 20, 2022

[REDACTED]
SMITH HEALTH CARE LTD
453 SOUTH MAIN ROAD
MOUNTAIN TOP, PA, 18707

RE: SMITH HEALTH CARE LTD
453 SOUTH MAIN ROAD
MOUNTAIN TOP, PA, 18707
LICENSE/COC#: 22923

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2022, 02/04/2022, 03/21/2022 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 HEALTH CARE LTD License #: 22923 License Expiration: 10/01/2022
Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707
County: LUZERNE Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 5708683664 Email: [REDACTED]

Legal Entity

Name: SMITH HEALTH CARE LTD
Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA, 18707
Phone: 5708683664 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 11/01/2008 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 39 Waking Staff: 29

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 03/25/2022

Inspection Dates and Department Representative

02/03/2022 - On-Site: [REDACTED]
02/04/2022 - Off-Site: [REDACTED]
03/21/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 Residents Served: 39

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

02/03/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/08/2022*

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/26/2022*

05/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 dated [REDACTED] for Resident 1 does not include the following required information, Body positioning, health status, or mobility assessment. These 3 sections were left blank.

Plan of Correction

Accept

This resident is no longer here therefore a new medical evaluation was not able to be updated. All medical evaluations of current residents in the facility were audited by [REDACTED] for completion of all components with attention to body positioning, health status and mobility. All current medical evaluations are complete on resident charts as of 4\1\2022. A detailed inservice was held with charge staff responsible for completeness of medical evaluations per regulation 2600.141 on 4\18\2022. A random check will be done monthly of annual and New admission medical evals by an adm. designee and then verified by the Administrator before submission to QA quarterly for review.

Completion Date: 04/18/2022

Document Submission

Implemented

see attached training done 4\18\2022

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP of Resident 1 dated 1 [REDACTED] was not signed by the resident and it does not indicate that they refused to participate or was unable to participate.

Plan of Correction

Accept

There was an oversight that this resident did not sign the completed support plan. A corrected version can not be completed as this resident is no longer here. A facility audit was completed of all current resident support plans by [REDACTED] All are completed and signed by all participants as of 4\1\2022. A detailed inservice was held with all charge staff responsible for completeness of support plans per regulation 2600.227 on 4\18\2022. A random check will be done monthly of annual and New admission support plans by an adm. designee and then verified by the Administrator before submission to QA quarterly for review.

Completion Date: 04/18/2022

227g -Support Plan Signatures *(continued)*

Document Submission

Implemented

See attached training done 4\18\2022