

Department of Human Services
Bureau of Human Service Licensing

October 19, 2022

[REDACTED]

SMEM 1957 LLC
1441 BALTIMORE PIKE
HANOVER, PA, 17331

RE: SHARON'S PERSONAL CARE HOME
1441 BALTIMORE PIKE
HANOVER, PA, 17331
LICENSE/COC#: 33239

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *SHARON'S PERSONAL CARE HOME* License #: *33239* License Expiration: *07/11/2023*
Address: *1441 BALTIMORE PIKE, HANOVER, PA 17331*
County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *SMEM 1957 LLC*
Address: *1441 BALTIMORE PIKE, HANOVER, PA, 17331*
Phone: [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/28/2001* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* Residents Served: *13*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

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

Inspections / Reviews

08/17/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2022*

Inspections / Reviews (*continued*)

09/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/16/2022*

09/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/29/2022*

10/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 8/17/22 at approximately 11:00am the Carbon Monoxide Alarm located on the lower level on the outside of the boiler room had a 9-volt battery installed which was not dated.

Plan of Correction

Directed

Administrator corrected on site with inspector present. Battery was replaced and dated 8/17/22. Administrator will check carbon monoxide alarm every two years per battery life. Will document on chart.

[Directed]

On 8/17/22, the administrator corrected on site with inspector present, and battery was replaced and dated 8/17/22.

Effective 8/17/2022, the administrator will implement a checklist to check the batteries in the carbon monoxide alarms at least once annually or if battery signals drained or failing, whichever is sooner; label the battery with the date the battery is installed, and document on checklist. - NN 9-19-22

Completion Date: 09/16/2022

Document Submission

Implemented

Administrator corrected on site with inspector present. Battery was replaced and dated 8/17/22. Administrator will check carbon monoxide alarm every two years per battery life. Will document on chart.

[Directed]

On 8/17/22, the administrator corrected on site with inspector present, and battery was replaced and dated 8/17/22.

Effective 8/17/2022, the administrator will implement a checklist to check the batteries in the carbon monoxide alarms at least once annually or if battery signals drained or failing, whichever is sooner; label the battery with the date the battery is installed, and document on checklist. - NN 9-19-22

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff Member A, hired on [REDACTED], provides unsupervised ADL services; however, the staff member's record does not contain a copy of the Department-approved Initial Direct Care Training Course Certificate.

Plan of Correction

Directed

ADMINISTRATOR WAS UNABLE TO LOCATE DCS COMPETENCY TEST FOR STAFF A. EFFECTIVELY COMPLETED BY STAFF A 9/1/22.

65d - Initial Direct Care Training (continued)

[Directed]

On 8/17/22, the administrator was unable to locate the Initial Direct Care Training Course Certificate for staff Member A. On 9/1/22, Staff Member A completed the Initial Direct Care Training Course Certificate.

Effective 8/17/22, the administrator will audit staff records to ensure all Direct Care staff members have completed the Initial Direct Care Training Course by 9/30/22. Effective 8/17/22, the administrator will create a new hire checklist to include the Initial Direct Care Training Course, and will ensure the Initial Direct Care Training Course is checked, including the date the course is completed, as well as ensure the certificate in in the staff record. - [REDACTED]

9/19/22

Completion Date: 09/16/2022

Document Submission

Implemented

ADMINISTRATOR WAS UNABLE TO LOCATE DCS COMPETENCY TEST FOR STAFF A. EFFECTIVELY COMPLETED BY STAFF A 9/1/22.

[Directed]

On 8/17/22, the administrator was unable to locate the Initial Direct Care Training Course Certificate for staff Member A. On 9/1/22, Staff Member A completed the Initial Direct Care Training Course Certificate.

Effective 8/17/22, the administrator will audit staff records to ensure all Direct Care staff members have completed the Initial Direct Care Training Course by 9/30/22. Effective 8/17/22, the administrator will create a new hire checklist to include the Initial Direct Care Training Course, and will ensure the Initial Direct Care Training Course is checked, including the date the course is completed, as well as ensure the certificate in in the staff record. - [REDACTED]

9/19/22

97 - Elevators/Lifting Devices

1. Requirements

2600.

- 97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

The stair lift Installed in the home on the 02/24/22 does not have a certificate of operation from the Department of Labor and Industry or appropriate local building authority.

Plan of Correction

Directed

ADMINISTRATOR CONTACTED THE DEPARTMENT OF LABOR AND INDUSTRY TO GET A NEW CERTIFICATE. WAS INSTRUCTED TO CALL [REDACTED] AN ENGINEER TO DRAW UP PLANS AND TO CHECK THE STAIRWAY FOR THE CHAIRLIFT. ADMINISTRATOR MUST SUBMIT DRAWING TO PENN TOWNSHIPTO INSTALL. ADMINISTRATOR WILL THEN CALL ELEVATOR READY INC. [REDACTED]. THEY WILL COME OUT AND INSPECT THE CHAIRLIFT AND REPORT TO PA DEPARTMENT OF LABOR AND INDUSTRY. WE WILL HAVE A NEW CERTIFICATE ADMINISTRATOR WILL SEND A COPY

[Directed]

On 8/17/22 Administrator Contacted The Department Of Labor And Industry To Get A New Certificate. The

97 - Elevators/Lifting Devices (continued)

administrator was referred to consult with an engineer. On 8/22/22, the administrator contacted the engineer to discuss; plans are required to drawn up to assess the stairway, steps and landing in which the chairlift is currently installed. On 9/17/22, the engineer visited the home to complete the assessment. The administrator does not currently have a date of completion of the plans. The administrator was informed the next step in the process is to submit the plans to Penn Township, who will have an external company review the plans for approval. The Administrator is then required to contact Elevator Ready Inc. [REDACTED]. Elevator Ready Inc. will schedule a date to visit the home, inspect the chairlift and afterward report findings to the Department of Labor & Industry. The Department of Labor & Industry will then issue a new certificate. The home will send a copy of the new certificate upon receipt.

Effective 8/17/22, the administrator will add Elevator Certificate to the inspection checklist to review renewal ensuring the certificate remains current - [REDACTED] 19-22

Completion Date: 09/16/2022

Document Submission

Implemented

(ADMINISTRATOR EMAILED THE STATE INSPECTOR [REDACTED] AND MADE HER AWARE OF THE UPDATE AS OF TODAY)

ADMINISTRATOR CONTACTED THE DEPARTMENT OF LABOR AND INDUSTRY TO GET A NEW CERTIFICATE. WAS INSTRUCTED TO CALL [REDACTED] AN ENGINEER TO DRAW UP PLANS AND TO CHECK THE STAIRWAY FOR THE CHAIRLIFT. ADMINISTRATOR MUST SUBMIT DRAWING TO PENN TOWNSHIPTO INSTALL. ADMINISTRATOR WILL THEN CALL ELEVATOR READY INC. [REDACTED] THEY WILL COME OUT AND INSPECT THE CHAIRLIFT AND REPORT TO PA DEPARTMENT OF LABOR AND INDUSTRY. WE WILL HAVE A NEW CERTIFICATE ADMINISTRATOR WILL SEND A COPY

[Directed]

On 8/17/22 Administrator Contacted The Department Of Labor And Industry To Get A New Certificate. The administrator was referred to consult with an engineer. On 8/22/22, the administrator contacted the engineer to discuss; plans are required to drawn up to assess the stairway, steps and landing in which the chairlift is currently installed. On 9/17/22, the engineer visited the home to complete the assessment. The administrator does not currently have a date of completion of the plans. The administrator was informed the next step in the process is to submit the plans to Penn Township, who will have an external company review the plans for approval. The Administrator is then required to contact Elevator Ready Inc. at [REDACTED]. Elevator Ready Inc. will schedule a date to visit the home, inspect the chairlift and afterward report findings to the Department of Labor & Industry. The Department of Labor & Industry will then issue a new certificate. The home will send a copy of the new certificate upon receipt.

Effective 8/17/22, the administrator will add Elevator Certificate to the inspection checklist to review renewal ensuring the certificate remains current [REDACTED] 9-19-22

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

124 - Notice to Fire Department (continued)

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed

ADMINISTRATOR SENT ADDRESS, FLOOR PLANS AND LET THEM KNOW WHAT ROOMS NEEDS ASSISTANCE,

[Directed]

On 8/17/22, the administrator sent the home's address, the total capacity of the home, the floor plans and and the assistance needed to evacuate in the case of an emergency to the local fire department.

Effective 8/17/22, documentation of the notification to the fire department will kept available in the home. The administrator will ensure the letter reflects the current circumstances and needs of the home - [REDACTED] 9-19-22

Completion Date: 09/16/2022

Document Submission

Implemented

ADMINISTRATOR SENT ADDRESS, FLOOR PLANS AND LET THEM KNOW WHAT ROOMS NEEDS ASSISTANCE,

[Directed]

On 8/17/22, the administrator sent the home's address, the total capacity of the home, the floor plans and and the assistance needed to evacuate in the case of an emergency to the local fire department.

Effective 8/17/22, documentation of the notification to the fire department will kept available in the home. The administrator will ensure the letter reflects the current circumstances and needs of the home [REDACTED] 9-19-22

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 8/17/22 at approximately 11:15am a medium sized (floor) fan and electric heater was observed stored near the hot water heater.

Plan of Correction

Directed

ADMINISTRATOR, HAD EVERYTHING REMOVED FROM THE FURNACE ROOM NOTHING IS NEAR HEAT SOURCES OR HOT WATER HEATER.

[Directed]

On 8/17/22, the administrator removed all combustibile and flammable materials that were in close proximity to the furnace and the hot water heater.

Effective 8/17/22, the administrator will create a monitoring tool to monthly document and date the review of the area where heating sources and the hot water heater is located to ensure the area remains free combustibile and flammable materials. [REDACTED] 19-22

Completion Date: 09/16/2022

125a - Combustible Storage (continued)

Document Submission

Implemented

ADMINISTRATOR, HAD EVERYTHING REMOVED FROM THE FURNACE ROOM NOTHING IS NEAR HEAT SOURCES OR HOT WATER HEATER.

[Directed]

On 8/17/22, the administrator removed all combustible and flammable materials that were in close proximity to the furnace and the hot water heater.

Effective 8/17/22, the administrator will create a monitoring tool to monthly document and date the review of the area where heating sources and the hot water heater is located to ensure the area remains free combustible and flammable materials. [redacted] 9-19-22

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

On [redacted] [redacted] prescribed for Resident 3, was unlocked and accessible in the refrigerator located in the kitchen.

On [redacted] [redacted] prescribed for Resident 4, was unlocked and accessible in the refrigerator located in the kitchen.

Plan of Correction

Directed

ADMINISTRATOR, BOUGHT TWO BLACK LOCK BOXES 1 FOR RESIDENT 3, AND ONE FOR RESIDENT 4, TO KEEP THEIR MEDICATION IN. GOING FORWARD.

[Directed]

On 8/17/22, the administrator purchased two Black Lock Boxes, one to securely store Resident 3's medications in the refrigerator, and two to securely store Resident 4's Medication in the refrigerator.

Effective 9/30/22. the administrator will ensure the staff is trained on properly and and securely storing medications which require refrigeration. - [redacted] 19/22

Completion Date: 09/16/2022

Document Submission

Implemented

ADMINISTRATOR, BOUGHT TWO BLACK LOCK BOXES 1 FOR RESIDENT 3, AND ONE FOR RESIDENT 4, TO KEEP THEIR MEDICATION IN. GOING FORWARD.

[Directed]

On 8/17/22, the administrator purchased two Black Lock Boxes, one to securely store Resident 3's medications in the refrigerator, and two to securely store Resident 4's Medication in the refrigerator.

Effective 9/30/22. the administrator will ensure the staff is trained on properly and and securely storing

183c - Refrigerated Meds Locked (continued)

medications which require refrigeration. - [REDACTED] 9/19/22

184b - Resident's Meds Labeled**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 08/17/22, Resident 1's MAR was reviewed and shows [REDACTED] was prescribed, take [REDACTED]
[REDACTED] The Bottle was in the medication cart but was not labeled with the resident's name.

On 8/17/22 Resident 1's MAR was reviewed and shows [REDACTED]
[REDACTED] The Bottle was in the medication cart but was not labeled with the resident's name.

Plan of Correction**Directed**

ADMINISTRATOR, GOING FORWARD INFORMED ALL STAFF THAT ANY OTC AND CAM MEDICATIONS MUST HAVE RESIDENT NAME AND DATE OPEN WROTE ON THE BOTTLES. ADMINISTRATOR WILL MONITOR.

[Directed]

On 8/17/22, the administrator placed Resident 1's name on both medications.

On 8/17/22, the administrator trained all staff on OTC and CAM medications and that each must have resident's name and the date open written on the bottles.

Effective 8/17/22, the administrator will audit medication cart weekly and document findings via checklist to ensure residents names are properly labeled on the medication. [REDACTED] 9/19/22

Completion Date: 09/16/2022

Document Submission**Implemented**

ADMINISTRATOR, GOING FORWARD INFORMED ALL STAFF THAT ANY OTC AND CAM MEDICATIONS MUST HAVE RESIDENT NAME AND DATE OPEN WROTE ON THE BOTTLES. ADMINISTRATOR WILL MONITOR.

[Directed]

On 8/17/22, the administrator placed Resident 1's name on both medications.

On 8/17/22, the administrator trained all staff on OTC and CAM medications and that each must have resident's name and the date open written on the bottles.

Effective 8/17/22, the administrator will audit medication cart weekly and document findings via checklist to ensure residents names are properly labeled on the medication. [REDACTED] 9/19/22

185a - Implement Storage Procedures**1. Requirements**

185a - Implement Storage Procedures (continued)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted], Resident 2 was prescribed [redacted]. Medication was not found available in the home.

On [redacted] Resident 2 was prescribed [redacted] as [redacted] Medication was not found available in the home.

On [redacted] Resident 2 was prescribed [redacted] Medication was not found available in the home.

Plan of Correction

Directed

ADMINISTRATOR, REORDERED MEDICATION FOR RESIDENTS 2 FROM THE PHARMACY. MADE PHARMACY AWARE THAT THE PHARMACY TECH WHEN SHE DID THE MEDICATION CART CHECK SHE DID NOT ORDER THE MEDICATIONS TO REPLACE THEM. MEDICATION ARE ON THE CART NOW.

[Directed]

On 8/17/22, the administrator reordered medication as noted for Resident 2. The administrator informed the pharmacy technician, when the medication cart check was completed the medications in question were not replaced.

Effective 8/17/22, the administrator will complete weekly medication cart audits, review MARS with the medications, and document results on the checklist. - [redacted] 9/19/22

Completion Date: 09/16/2022

Document Submission

Implemented

ADMINISTRATOR, REORDERED MEDICATION FOR RESIDENTS 2 FROM THE PHARMACY. MADE PHARMACY AWARE THAT THE PHARMACY TECH WHEN SHE DID THE MEDICATION CART CHECK SHE DID NOT ORDER THE MEDICATIONS TO REPLACE THEM. MEDICATION ARE ON THE CART NOW.

[Directed]

On 8/17/22, the administrator reordered medication as noted for Resident 2. The administrator informed the pharmacy technician, when the medication cart check was completed the medications in question were not replaced.

Effective 8/17/22, the administrator will complete weekly medication cart audits, review MARS with the medications, and document results on the checklist. - [redacted] 9/19/22

227d - Support Plan Medical/Dental

1. Requirements

2600.

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

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

On 8/17/22, a covered [REDACTED] was observed in resident 2's room. The Resident Assessment Support Plan, dated 1/24/22 does not address or document the need for [REDACTED]

Plan of Correction**Directed**

ADMINISTRATOR, HAS A DOCTOR ORDER FOR RESIDENT 2'S [REDACTED] WENT OVER RASP AND CORRECTED THE MISTAKE, GOING FORWARD WILL BE MORE THOROUGH WHEN DOCUMENTING CHANGES.

[Directed]

On 8/17/22, the administrator obtained a doctor's order for Resident 2's [REDACTED] The information was documented on the RASP.

Effective 8/17/22, the administrator will audit RASP's periodically to ensure resident's support plans are accurately documented. The administrator will complete training on accurately documenting support plans by 9/30/[REDACTED] 9/19/22

Completion Date: 09/16/2022

Document Submission**Implemented**

ADMINISTRATOR, HAS A DOCTOR ORDER FOR RESIDENT 2'S [REDACTED] WENT OVER RASP AND CORRECTED THE MISTAKE, GOING FORWARD WILL BE MORE THOROUGH WHEN DOCUMENTING CHANGES.

[Directed]

On 8/17/22, the administrator obtained a doctor's order for Resident 2's [REDACTED] The information was documented on the RASP.

Effective 8/17/22, the administrator will audit RASP's periodically to ensure resident's support plans are accurately documented. The administrator will complete training on accurately documenting support plans by 9/30/2022. - [REDACTED] 9/19/22