

Department of Human Services  
Bureau of Human Service Licensing

November 12, 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 09/07/2022, 09/08/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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

**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: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 11/01/2008 Issued By: PA LI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 09/08/2022

**Inspection Dates and Department Representative**

09/07/2022 On Site [REDACTED]  
09/08/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 93 Residents Served: 43

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 41  
Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 0

## Inspections / Reviews

09/07/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow Up Date: *10/02/2022*

10/28/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *11/04/2022*

11/12/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/03/2022*

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 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 leading from the PCH ground floor to the side parking lot had the outside handles tied together with caution tape that prevented the door from opening.*

## POC Submission

Accept (████) 10/28/2022)

*Reg 121.a Maintenance just completed cement work on sidewalk out north east ground door. Maintenance placed caution tape to prevent anyone from walking on wet cement and mistakenly left caution tape up. On 9/7/22 Caution tape immediately removed from door. Exit doors are routinely checked weekly by maintenance staff. Maintenance staff re-educated on the importance of fire safety and exits on 9/7/2022. Random checks on doors will be done weekly by maintenance supervisor. Supervisor to submit to QA quarterly for review.*

Licensee's Plan Completion Date: 09/30/2022

Implemented (████) - 11/12/2022)

## 132g - Fire Drills Days/Times

## 2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

## Description of Violation

*The home completed their monthly fire drills on similar days of the month for 4 consecutive months. The fire drill was held on the last day or 2nd last day of the month from 12/2021 through 3/2022.*

## POC Submission

Accept (████) - 10/28/2022)

*Reg 132.g Fire drills reviewed by co-administrator prior to inspection with fire safety expert in the beginning of 2022. Fire drill dates and times in compliance with regulation as of 3/2022. Administration will review fire logs monthly and submit them to QA quarterly.*

Licensee's Plan Completion Date: 09/30/2022

Implemented (████) 11/12/2022)

## 183f - Discontinued Medications

## 3. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

## Description of Violation

*There was a PRN medication of ██████████ for Resident 1 that had an expiration date of 6/2022 found on the medication cart.*

## 183f - Discontinued Medications (continued)

**POC Submission****Accept (MM 10/28/2022)**

*Reg 183.f Expired medication was immediately removed from medication cart on 9/07/22 by DCS and new bottle was ordered. DCS immediately re-educated by administrator on the importance of checking medication carts for expired medications. Random checks of at least two residents' medication storage in each cart (no less than 6 total) will be done monthly to ensure compliance with regulation 183.f by charge lpn's. All medication trained staff will be re-educated on reg 183.f by administrator by 9/29/22. LPNs will submit random checks to QA quarterly for review.*

**Licensee's Plan Completion Date:** 09/30/2022

**Implemented (■■■■) 11/12/2022)**

## 184a - Resident's Meds Labeled

**4. Requirements**

2600.

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

**Description of Violation**

*Resident 1 had a PRN medication of ■■■■ found on the medication cart. The pharmacy label was faded and unable to be definitively read.*

**POC Submission****Accept (■■■■) - 10/28/2022)**

*Reg 184.a ■■■■ immediately removed from medication cart on 9/07/22. Replacement immediately ordered. Random checks of atleast 2 residents per floor will be done monthly on pharmacy labels to ensure legibility by charge Lpn's. All medication trained staff will be re-educated by 9/29/22. LPNs will submit random checks to QA quarterly for review.*

**Licensee's Plan Completion Date:** 09/30/2022

**Implemented (■■■■) - 11/12/2022)**

## 185a Implement Storage Procedures

**5. Requirements**

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**

*Resident 1's glucometer had a blood sugar reading of 116 on ■■■■ 2022 and 156 on ■■■■/2022. It was documented in the MAR as 126 on ■■■■ and 158 on ■■■■/2022.*

*The MAR for Resident 2 documented a blood sugar reading of 89 at ■■■■ on ■■■■ 2022. There was no corresponding reading on the glucometer found for this date and time.*

**POC Submission****Accept (MM 10/28/2022)**

*Reg 185.a Medication trained employee responsible for documentation of these readings interviewed by administrator. The blood sugar reading errors discussed. The employees re-educated on importance of proper documentation and medication errors. Administration to re-educate All medication trained employees by 9/30/22 on regulation 185.a. Unit specific charge Lpn's will complete weekly checks of glucometers to be in compliance with*

**185a - Implement Storage Procedures (continued)**

reg 185.a and be submitted to QA quarterly for review.

Licensee's Plan Completion Date: 09/30/2022

Implemented ( ) - 11/12/2022)

**187a Medication Record****6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident 1 received their PRN medication of [REDACTED] on [REDACTED]/2022. The reason for administering and effectiveness were not documented on the MAR.

**POC Submission**

Accept ( ) 10/28/2022)

Reg 187.a Employee responsible for this error is no longer employed. All medication trained employee's will be re-educated on regulation 187.a by 9\30\2022. Unit specific charge Lpn's will do random review of atleast 2 MAR's to ensure compliance of regulation 187.a and documentation. LPNs will submit random checks to QA quarterly for review.

Licensee's Plan Completion Date: 09/30/2022

Implemented ( ) - 11/12/2022)

**227d - Support Plan Medical/Dental****7. 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 1's RASP dated [REDACTED] 2022, was not updated to reflect that the home holds money on behalf of the resident.

**POC Submission**

Accept ( ) 10/28/2022)

Reg 227.d Addendum to RASP was completed by administration on 9/07/22. Any resident in which the home holds any money on behalf of a resident was reviewed and in compliance with regulation 227.d. Administrator reviewed regulation 227.d to ensure facility compliance. Only two residents in the facility that this regulation applies to. The administrator is the responsible person to complete individual RASP's on admission and annually

Licensee's Plan Completion Date: 09/30/2022

Implemented ( ) - 11/12/2022)

**252 - Record Content****8. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

252 - Record Content (*continued*)

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

The most current picture for Resident 1 was taken [REDACTED] 2020.

**POC Submission**

Accept ([REDACTED] - 10/28/2022)

Reg 252. Photograph immediately removed on 9/07/22 by activities supervisor on resident 1 and photo retaken and placed in chart. All resident photo's reviewed by activities supervisor 9/07/22. All are in compliance with regulation 252.3. Activity Director will do random checks to be done of photos monthly of two residents per floor and submit to QA quarterly. Activities director and all staff re-educated on regulation 252.3 on 10/5/2022.

Licensee's Plan Completion Date: 10/05/2022

Implemented ([REDACTED] - 11/12/2022)