

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

April 6, 2023

[REDACTED], 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 01/31/2023, 02/01/2023, 02/03/2023, 02/06/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: SMITH'S PERSONAL CARE HOME **License #:** 23878 **License Expiration:** 02/04/2023

Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853

County: BRADFORD **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: DOLORES L SMITH SHARER

Address: [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 **Exit Conference Date:** 02/10/2023

Inspection Dates and

01/31/2023 On Site [REDACTED]

02/01/2023 On Site [REDACTED]

02/03/2023 Off Site [REDACTED]

02/06/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 34 **Residents Served:** 28

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:** 19

Diagnosed with Mental Illness: 17 **Diagnosed with Intellectual Disability:** 4

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

01/31/2023 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 02/25/2023

03/02/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/09/2023

03/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 03/24/2023

04/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 04/06/2023

04/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

██████████ who is Resident #1's Rep. Payee, failed to document the transaction to show that the resident was in possession of ██████████ cash when he/she returned from the ██████████ Trust in Troy, PA to the home on ██████████.

Plan of Correction

Accept (██████) - 03/02/2023)

Monies earned in the Canal Chemung Trust by Resident #1 was that resident's personal monies. Documentation of how the monies were spent were not kept because it was personal spending money. Documentation for transactions of monies received while a personal care home resident have been kept. Administrator ██████████ will continue to document monies received and spent while being a resident of the Home.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (██████) - 04/03/2023)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #5's contract dated ██████████ is not signed by the resident or Administrator.

Plan of Correction

Accept (██████) - 03/02/2023)

Resident #5's contract has been signed by the resident and Administrator. Administrator ██████████ or ██████████, Support Assistant, will check all contracts on file for completeness of signatures as well as making sure any new admissions have a contract signed by all parties.

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (██████) - 04/03/2023)

28f - Resident's Funds and 30-day Refund

3. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Records for Resident #3, discharged on ██████████ indicate the home did not issue a refund to the resident until ██████████.

Plan of Correction

Accept (██████) - 03/02/2023)

An itemized accounting record of resident funds, including owed to the Home or owed to the resident shall be kept

28f Resident's Funds and 30 day Refund (continued)

by Administrator [REDACTED]. This itemized accounting record will be given to the individual on the day of discharge including any refund to the resident.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [REDACTED] - 04/06/2023)

28g - Refunds

4. Requirements

2600.

28.g. Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

Description of Violation

Resident #4 was discharged on [REDACTED]. He/she had [REDACTED] in cash that was being held in a cabinet in the Administrator's office. The cash was not returned to the resident until [REDACTED].

Records for Resident #3, discharged on [REDACTED], indicate the home did not refund the resident's cash totaling [REDACTED] until [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/17/2023)

No resident has more than \$200 kept in the locked cabinet in their designated folder. When a resident leaves the facility, the monies from the folder will be given to the resident on the day of discharge with their signature accepting the monies. A discharge summary will be developed which will list everything the resident should be checking off. [REDACTED], Administrator, or [REDACTED], Support Assistant, will be in charge of the ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented [REDACTED] - 04/06/2023)

42b - Abuse

5. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] Administrator A directed Staff person B to drive Resident #1 to [REDACTED] Trust in Troy, PA to close out his/her accounts. Resident #1 was issued a cashier's check in the amount of [REDACTED] which he/she cashed on site. The resident bank records from Community Bank, dated July 2021 to present, were reviewed and indicate the [REDACTED] cash was not deposited. [REDACTED] who is the resident's Rep Payee, and staff person B were interviewed and were unable to explain the disappearance of the cash.

Plan of Correction

Accept [REDACTED] - 03/17/2023)

Resident #1 was taken to the bank to take money out of [REDACTED] personal account which [REDACTED] had before being admitted to a personal care home. Since it was [REDACTED] personal monies, we did not keep a record of how [REDACTED] chose to spend it. As Rep Payee, the resident's monies are accounted for each month and [REDACTED] monthly [REDACTED] remains as [REDACTED] personal spending money less payments for outstanding invoices. [REDACTED], Administrator, or [REDACTED], Support Assistant, will be responsible for ongoing compliance.

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented () - 04/06/2023)

51 - Criminal Background Check

6. 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

Direct care staff member C hired [redacted] and Ancillary staff member D hired [redacted] Pennsylvania State Police Criminal Background Check was not completed until [redacted].

Repeat violation: 11/10/21

Plan of Correction

Accept () - 03/02/2023)

Administrator [redacted] will make sure all new hires have criminal history checks completed upon the first day of hire. All required forms for new hires have been put on the computer to make sure all trainings, including criminal history checks get completed. All forms will be reviewed by [redacted], Administrator.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented () - 04/06/2023)

65a - FS Orientation 1st Day

7. 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

Direct care staff member C hired [redacted] and Ancillary staff member D hired [redacted] did not receive training in the 1st day fire safety orientation.

Repeat violation: 11/10/21

Plan of Correction

Accept () - 03/02/2023)

Staff members C and D have had all required trainings. Administrator Dolores Sharer will make sure all new hires will have all required trainings. All required forms for new hires have been put on the computer to make sure all trainings get completed under the supervision of [redacted]. All forms will be printed and signed by the new

65a - FS Orientation 1st Day (continued)

hire and reviewed by [REDACTED], Administrator.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 04/06/2023)

65b - Rights/Abuse 40 Hours

8. 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

Direct care staff member C hired [REDACTED] and Ancillary staff member D hired [REDACTED] did not receive training in resident rights, The Older Adults Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

Repeat violation: 11/10/21

Plan of Correction

Accept ([REDACTED] - 03/02/2023)

Staff members C and D have had all required trainings. Administrator Dolores Sharer will make sure all new hires will have all required trainings. All required forms for new hires have been put on the computer to make sure all trainings get completed. All forms will be printed and signed by the new hire and reviewed by [REDACTED], Administrator.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 04/06/2023)

85a - Sanitary Conditions

9. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Department Representative noted Staff person B place a lancet cover in [REDACTED] mouth while preparing a glucometer to be used to test a resident's blood glucose level.

Plan of Correction

Accept ([REDACTED] - 03/02/2023)

On the day of inspection, Staff person B was instructed to not place a lancet cover in [REDACTED] mouth due to safety and sanitation conditions. [REDACTED] has been instructed to test all resident's blood glucose levels in one area, therefore, there is no need to take the meters and supplies to another location. Administrator [REDACTED] will make observations of Staff person B checking glucose levels.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented ([REDACTED] - 04/06/2023)

124 Notice to Fire Department

10. 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.

Description of Violation

The home's most recent letter to the local fire department, dated 11/14/22, indicates 30 residents living in the home. The letter was not updated to indicate that 2 residents have since moved out.

Plan of Correction

Accept (█) - 03/02/2023)

The letter to the local fire department has been updated to the current residents living in the Home. Administrator █ or █, Support Assistant, will make sure this letter is updated as residents living in the Home enters or leaves.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█) - 04/03/2023)

132g Fire Drills Days/Times

11. 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's staffing schedule indicates one staff person works the overnight shift. Review of the home's fire logs indicate that during the sleeping hour drills conducted on 1/2/22, 6/15/22 and 8/2/22, additional staff participated.

Plan of Correction

Accept (█) - 03/02/2023)

Todd Miller, Maintenance, will conduct a fire drill between the hours of 9 pm and 5 am, when 1 staff person is on duty. Administrator █ will verify that this is completed.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented (█) - 04/03/2023)

144c2 Smoking Area Distance

12. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

A trash can full of garbage and other flammable materials was located in the homes designated smoking area, posing a possible fire hazard.

Plan of Correction

Accept (█) - 03/02/2023)

█, Maintenance, removed the trash can on the day of inspection. The trash can for garbage was moved to outside the designated smoking area. Administrator █ and █, Maintenance, will check on a weekly basis to make sure it stays outside.

144c2 - Smoking Area Distance (*continued*)

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█) - 04/03/2023

183d - Prescription Current

13. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #6's █ expired █

Plan of Correction

Accept (█) - 03/02/2023

Administrator █ and █, Direct Caregiver and Medication Administration trained, will check OTC at least once a week for names and dates on medications. █ was replaced with a new bottle on the day of inspection.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█) - 04/06/2023

183e - Storing Medications

14. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #6's Basaglar Kwik Pen was noted dated when it was opened or initialed by the staff person who opened the pen.

Plan of Correction

Accept (AG - 03/02/2023)

Administrator █ and █, Direct Caregiver and Medication Administration trained, will check OTC and █ at least once a week for names and dates on medications.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented (█) - 04/06/2023

187a - Medication Record

15. Requirements

2600.

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

6. Dose.

8. Frequency of administration.

Description of Violation

Resident #6 has an order for █ four times daily before meals and bedtime per a sliding scale of insulin. The MAR notes Humalog as needed up to four times daily. The MAR is incorrect.

187a Medication Record (continued)

Plan of Correction

Accept () - 03/02/2023

The MAR was corrected on the day of inspection. Administrator [REDACTED] and [REDACTED], Support Assistant, will review on a weekly basis, all current prescription orders with the MARs.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented () - 04/06/2023

187d - Follow Prescriber's Orders

16. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 has an order for [REDACTED] four times daily before meals and bedtime per a sliding scale of insulin. The home is not administering the medication as a straight order. For the months of December 2022 and January 2023 the [REDACTED] was administered as a PRN up to four times daily.

Resident #5 has an order for blood glucose readings four times daily, the home is checking the blood glucose on Monday, Wednesday and Friday twice daily.

Plan of Correction

Accept () - 03/02/2023

Changes were made on the day of inspection. Administrator [REDACTED] has reviewed all prescriptions and will review all future prescriptions for changes when refills come to the Home.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented () - 04/06/2023

227d - Support Plan Medical/Dental

17. 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 #7's RASP dated [REDACTED] indicates the resident can manage finances with supervision and the home will keep an account for PNA transactions. Administrator A reported that the home holds the residents check book and the family assists the resident with managing the residents finances. The RASP has not been updated to reflect the residents current care needs.

Resident #5's RASP dated [REDACTED] indicates the resident is independent with managing finances. Administrator A reports that the home holds the residents checkbook and is assisting the resident with the residents finances. The RASP has not been updated to reflect the residents current care needs.

Resident #1's RASP dated [REDACTED] and Resident #2's RASP dated [REDACTED] indicate that the residents are unable to manage their finances and the home will keep a PNA account for the residents. The home is the rep payee for

227d - Support Plan Medical/Dental (continued)

Resident #1 and #2. The RASPS has not been updated to reflect the residents current care needs.

Repeat violation: 11/10/21

Plan of Correction

Accept [redacted] - 03/02/2023)

RASPs have been updated to include the additional information as requested by the inspectors. Administrator [redacted] will continue to make sure the additional information is included in all RASPs from now on.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 04/06/2023)

227g -Support Plan Signatures

18. 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 Initial RASP for Resident #8 finalized on [redacted] was not signed by the assessor.

Repeat violation: 5/27/22

Plan of Correction

Accept [redacted] - 03/02/2023)

Administrator [redacted] signed the RASP during inspection. Administrator [redacted] and [redacted], Support Assistant, will both review resident RASPs for all appropriate signatures.

Licensee's Proposed Overall Completion Date: 02/27/2023

Implemented [redacted] - 04/06/2023)