

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

December 18, 2023

[REDACTED], OWNER

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 10/30/2023, 11/08/2023 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]
Acting Human Services Licensing Supervisor

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]
 Phone: [REDACTED] Email: [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: 27 Waking Staff: 20

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/10/2023

Inspection Dates and Department Representative

10/30/2023 - On-Site: [REDACTED]
 11/08/2023 - 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: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 21
 Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 4

Inspections / Reviews

10/30/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/23/2023
 12/15/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/15/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/14/2023

Inspections / Reviews *(continued)*

12/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25c1 - Personal Needs Allowance

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

Description of Violation

Resident #1, date of Admission [redacted], is an SSI resident. Resident had not received [redacted] PNA funds from [redacted] to [redacted]

Plan of Correction

Accept [redacted] - 12/15/2023)

No monies had been received for her from Social Security. Resident social security monies are expected to arrive by 12/31/2023. [redacted] has been given \$85 for each month from administrator's personal account until [redacted] social security dollars arrive. No individual will be admitted in the future until income dollars are in hand to be able to give the resident their [redacted] PNA funds with their first month of residency. The administrator will be responsible for admissions.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 12/18/2023)

42m - Resident Leave/Return

2. Requirements

2600.

42.m. A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

Description of Violation

Resident #1 Assessment and Support plan indicates resident has no supervision requirements. However, Resident #1 indicated [redacted] was denied the ability to leave to go to visit a friend. This information was confirmed by Staff A.

Plan of Correction

Accept [redacted] - 12/15/2023)

It was recommended that Resident #1 not walk with [redacted] walker alone due to the distance. Resident #1 chose not to leave. Any resident able to leave the home unsupervised may leave the home, signing out when leaving and signing back in upon return. Administrator will review all support plans for supervised and unsupervised leaves.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] - 12/18/2023)

85b - Infestation

3. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 10/24/23 EMT noted bedbugs to be all over the resident and hospital records indicate resident had bed bug bites. Physical inspection of resident #1 and Resident #2's beds revealed blood-stained sheets and pillowcases consistent with blood marks left after bed bug bites. Additionally, interviews with other residents confirmed that bed bugs are prevalent in the home. When the home was made aware of the infestation problem in room 16, Staff A did not call their pest

85b Infestation (continued)

control company for any additional treatments.

Plan of Correction**Accepted (████ - 12/15/2023)**

Ehrlich Pest Service completed service on 10/31/2023, 11/7/2023, and 11/15/23. They are scheduled between 12/15 and 12/20 for another service. Staff are checking rooms each day for any sign of bed bug activity. Administrator will confirm with staff each day for any signs of activity.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████ - 12/18/2023)