

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

December 8, 2023

[REDACTED]
SMITH HEALTH CARE LTD
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2023 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 HEALTH CARE LTD License #: 22923 License Expiration: 10/01/2024
 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: [REDACTED]
 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: 49 Waking Staff: 37

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/01/2023

Inspection Dates and Department Representative

11/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 93 Residents Served: 49

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: [REDACTED]

Number of Residents Who:
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: [REDACTED]

Inspections / Reviews

11/01/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2023

11/28/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/08/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/04/2023

Inspections / Reviews (*continued*)

12/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/08/2023

12/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures

1. 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 #2's monitoring sheet on documented a 6 AM of . The did not include a for . Readings corresponded to the documentation of at on and a of at on skipping the .

Resident 1 had an order for PRN HFA listed on the Medication Administration Record for every 4 hours as needed for a . This medication could not be found in the medication cart and there was no available order to discontinue.

Plan of Correction

Accept - 11/28/2023)

Resident #1

Verification made upon resident's return from Doctor's appointment, resident indeed had PRN with at appointment at time of med cart inspection.

Resident #2

Medication trained employee responsible for documentation of these readings interviewed by Administrator. The blood sugar readings discussed. The employee re-educated on importance of proper documentation and medication errors. Administration to re-educate all medication trained employees by on regulation 185.a. Random medication checks of at least two residents per floor to be done weekly by administration or designated employee and be submitted quarterly to QA for review.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented - 12/05/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

On at , the of resident #2 was . Per the prescribed sliding scale parameters, the resident should have received but there was no administration documented on the MAR.

Plan of Correction

Accept - 11/28/2023)

trained employee responsible for documentation and administration of sliding scale parameters interviewed by administration. Sliding scale parameters discussed. The employee re-educated on importance of proper documentation and medication errors. Administration to re-educate all medication trained employees by on regulation 187.d. Random medication checks and documentation of at least two residents per floor to be done weekly by Administration or designated employee and submitted to QA quarterly by Administration for review.

Licensee's Proposed Overall Completion Date: 11/30/2023

187d - Follow Prescriber's Orders (*continued*)

Implemented [REDACTED] - 12/08/2023)