

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

March 15, 2024

[REDACTED], ADMINISTRATOR
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 01/04/2024 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: SHARON'S PERSONAL CARE HOME License #: 33239 License Expiration: 07/11/2024
 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] Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
 Reason: Renewal Exit Conference Date: 01/04/2024

Inspection Dates and Department Representative

01/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 23 Residents Served: 15
 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: 15
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/04/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2024

02/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/21/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2024

Inspections / Reviews *(continued)*

02/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/27/2024

03/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or around [REDACTED], Resident #1 suffered a fall resulting in the resident being admitted to the hospital, where the resident was diagnosed with fractured ribs. The home did not report this incident to the Department.

Plan of Correction

Directed ([REDACTED] - 02/17/2024)

January 8, 2024 Administrator educated all staff to notify Administrator at the time of the incident. Administrator was out of town staff did not notify the administrator on call of the incident. January 8, 2024 Administrator educated the staff of the importance of filling out the incident report and instructed all staff that when incident occurs to notify administrator and the incident form will be filled out by Administrator. On going, administrator will be called and will evaluate the incident and decide if it is determined that an incident report needs to be filled out by the administrator and sent to DHS

Proposed Overall Completion Date: 02/05/2024

Directed Plan

- On 01/08/24 the administrator educated all staff to notify the administrator as soon as an incident occurs.
- On 01/08/24 the administrator educated all staff on the importance of completing the incident reporting form and instructed all staff that when an incident occurs to notify the administrator, and the incident reporting form will be completed by the Administrator and submitted to the department within 24 hours.
- Starting 02/26/24, the administrator will evaluate incidents to determine if an incident reporting is required.
- Starting 02/26/24, the administrator will audit Incident Report Forms monthly.
- The administrator will develop and implement a checklist by 02/26/24 that includes the review of Incident Reporting Forms to ensure each are completed within 24 hours and submitted to DHS.
- The administrator will ensure all checklists are kept in the home.

Directed Completion Date: 02/05/2024

Implemented ([REDACTED] - 03/13/2024)

18 - Compliance With Laws

2. 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

The Influenza Awareness Poster was not publicly posted.

Plan of Correction

Directed ([REDACTED] - 02/17/2024)

January 4, 2024 day of inspection, Administrator made a copy of the influenza awareness poster and put it in the common area. Oversight by the administrator. January 26, 2024 Administrator educated all staff members on the importance of influenza poster. Moving forward Administrator will stay updated on all federal, state and local laws,

18 - Compliance With Laws (continued)

ordinances and regulations of all posters that are posted online.

Proposed Overall Completion Date: 02/05/2024

Directed Plan

- On 01/01/24, the administrator printed a copy of the Influenza Awareness poster and posted it publicly in the common area of the home.
- On 01/26/24, the administrator educated all staff members on the importance of the influenza poster remaining posted.
- Starting 01/26/24, the administrator will ensure the influenza poster remains posted in a public place in the residence year-round.

Directed Completion Date: 02/05/2024

Implemented (████) - 03/13/2024)

51 - Criminal Background Check

3. 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

Staff Member A, hired █████, who has not resided in the state of Pennsylvania for two executive years, has not had a Federal Bureau of Investigation background check conducted.

Plan of Correction

Directed (████) - 02/17/2024)

January 9, 2024, Administrator submitted a form for federal background check. January 15, 2024, going forward administrator will make sure FBI Clearances and fingerprints are conducted on new staff who have not held a residency in the state of pa for 2 consecutive years. January 15, 2024, Administrator will every 6 months will go through all staff records to make sure they are all updated.

Proposed Overall Completion Date: 02/05/2024

Directed Plan

- On 01/09/24, the administrator submitted the FBI Criminal Background check for Staff Member A.
- The administrator will audit all staff records by 03/04/24 to ensure all required background checks are completed and related documentation is present. Any Criminal background check required will be requested within 5 days of discovery.
- The administrator will develop a plan by 02/26/24 to submit requests for FBI Criminal background checks for candidates who have not resided in PA two consecutive years and will complete the FBI Criminal Background checks in accordance with the regulatory requirement.
- The administrator will develop and implement a new hire checklist by 02/26/24 that includes review and

51 Criminal Background Check (continued)

retention of documentation related to Criminal Background Checks.

- Starting 03/01/24, the administrator will audit staff records monthly for 6 months and will ensure the results are included on an audit checklist. The administrator will ensure all checklists are kept in the home.

Directed Completion Date: 02/05/2024

Implemented [redacted] - 03/13/2024)

54a - Direct Care Staff

4. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff Member A, hired [redacted], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [redacted] - 02/17/2024)

January 5, 2024 going forward administrator will make sure when hiring staff, they have a diploma, GED and or CNA licenses. Due to lack of people wanting to work, you get them on board and work out what is needed. Administrator moving forward will audit staff records every 6 months.

Proposed Overall Completion Date: 02/06/2024

Directed Plan

- The administrator will obtain a copy of Staff Member A's High School Diploma, or equivalent by 03/01/24.
- The administrator will audit all staff records by 03/01/24 to ensure all required qualification documentation is present.
- Starting 03/01/24, the administrator will ensure any missing qualifications are addressed within 5 days of discovery.
- The administrator will develop and implement a new hire checklist by 02/26/24 that includes review and retention of documentation related to staff qualifications.
- Starting 03/01/24, the administrator will audit staff records monthly for 6 months and will ensure the results are included on an audit checklist. The administrator will ensure all checklists are kept in the home.
- The administrator will ensure audits are kept in the home

Directed Completion Date: 02/06/2024

Implemented [redacted] - 03/13/2024)

81b - Resident Personal Equipment

5. Requirements

2600.

81b Resident Personal Equipment (continued)

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 01/04/24 at 9:46am, a mobility device was observed installed on Resident #2's bed with a horizontal opening measuring 20 inches and the vertical opening measuring 8 inches, was uncovered, posing an injury or entrapment.

Plan of Correction

Directed (████) - 02/17/2024)

Administrator 1/5/24 removed mobile device from resident #2 bed per PCP it was no longer needed. Device was used for safety for resident due to arm surgery and brace. Going forward administrator will monitor when mobile device is used.

Proposed Overall Completion Date: 02/06/2024

Directed Plan

- On 01/05/24 the Administrator removed the mobility device from Resident #2's bed per PCP, as the device was no longer required.
- Starting 03/01/24, the administrator will audit mobility devices installed on resident's beds monthly for 6 months. Mobility Devices found to be noncompliant will be address within 5 days of discovery.
- The administrator will train staff on the Use of Bedside Mobility Devices by 03/01/24.
- The administrator will develop and implement an audit checklist by 02/26/27 to document the results of the audits.
- The administrator will ensure documentation is kept in the home.

Directed Completion Date: 02/06/2024

Implemented (████) - 03/13/2024)

89b - Hot Water Temperature**6. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 01/04/24 at approximately 10:00am, the hot water temperature in the resident bathroom near room 14 measured at 132.2° Fahrenheit and the hot water temperature in the resident bathroom near the dining room measured at 134.8° Fahrenheit.

Plan of Correction

Directed (████) - 02/17/2024)

1/5/24 Owner/administrator adjusted the hot water heater. The root cause of water temperature increase, water was not in demand that early in the morning. administrator started monitoring water temperature 1/8/24, for 1 month, then monthly checks

Proposed Overall Completion Date: 02/06/2024

Directed Plan

- On 01/05/24, the owner/administrator adjusted the hot water heater.
- Starting 01/08/24, the administrator began monitoring the hot water temperature.

89b - Hot Water Temperature (continued)

- Starting 03/01/24, the administrator will measure water temperatures in the home monthly for 6 months.
- The administrator will develop and implement a water temperature checklist by 02/26/24 to document the water temperatures.
- The administrator will ensure water all documentation is kept in the home.

Directed Completion Date: 02/06/2024

Implemented ([redacted]) - 03/13/2024)

144c1 - Smoking Area Guidelines

7. 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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 1/4/24 at 1:16pm, a plastic bottle filled with cigarette butts was observed wedged between the natural gas pipes just above the gas meter.

Plan of Correction

Directed ([redacted]) - 02/17/2024)

1/4/24 administrator made an announcement to all residents and staff that they are only allowed to smoke in the designated smoking area. 1/4/24 administrator addressed the resident that did not follow the rules and regulation regarding smoking in the designated area. administrator informed resident if he doesn't smoke in designated area he will receive a 30-day notice. 1/4/24 administrator and Direct care staff will be monitoring all residents that are smoking and are smoking in the designated smoking area. 1/4/24 administrator removed bottle where resident put his butts in from gas meter.

Proposed Overall Completion Date: 02/06/2024

Directed Plan

- On 01/04/24 the administrator made an announcement to all residents and staff that they are only allowed to smoke in the designated smoking area.
- On 01/04/24 the administrator removed the bottle filled with cigarette butts which was wedged between the gas pipes.
- On 01/04/24 the administrator and the Direct care staff will monitor all residents that are smoking to ensure each are smoking in the designated smoking area.
- Beginning 03/01/24, the administrator will ensure weekly walkthroughs of the outside of the building is conducted for 3 months to ensure areas are free of cigarette butts and will ensure any concerns are immediately addressed.
- Starting 03/01/24 the administrator will document all findings on an audit checklist and will ensure the Audit Checklist is kept in the home.

Directed Completion Date: 02/06/2024

Implemented ([redacted]) - 03/13/2024)

144d - Smoking Outside

8. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 01/04/24 at 1:16pm, Resident #3 was observed smoking outside in the rear of the building next to the home's gas meter. The home's designated smoking area is also located in the rear of the building across from the stairwell, on the opposite side of where the resident was observed.

Plan of Correction**Directed ([REDACTED] - 02/17/2024)**

1/4/24 administrator again reinforced resident will get a 30-day notice to move out if resident ever gets caught smoking anywhere other than designated smoking area. 1/4/24 administrator instructed staff to monitor residents when they go out to smoke, to make sure they go to the designated area and dispose of the cigarette butts in designated container.

Proposed Overall Completion Date: 02/06/2024

Directed Plan

- On 01/04/24 administrator informed Resident #3 of a 30-day notice issuance to move out if the Resident is observed smoking outside of the designated smoking area.*
- On 01/04/24 the administrator instructed staff to monitor residents when they go out to smoke, to ensure residents are smoking in the designated area and are disposing of the cigarette butts in designated container.*
- Beginning 03/01/24, the administrator will ensure weekly walkthroughs of the outside of the building is conducted for 3 months and will ensure any concerns are immediately addressed.*
- Starting 03/01/24 the administrator will document all findings and will ensure all documentation is kept in the home.*

Directed Completion Date: 02/06/2024

Implemented ([REDACTED] - 03/13/2024)

190a - Completion Medication Course

9. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A, who has not successfully completed the Department-approved medication administration practicum course due by 12/27/2023, administered medications to residents to include the following:

On [REDACTED]

Staff Member B, whose record shows practicums dated 2/8/23 and 8/9/23 does not include the completion of the MAR and Medication Administration Observation Checklists, further determining if the staff member passed or failed

190a Completion Medication Course (continued)

observations, administered medications to residents to include the following:

On [REDACTED]

Staff Member C, who has not successfully passed the Department approved medications administration's Initial Training course, dated 11/22/21, nor do practicums dated 2/8/23 and 8/9/23 include the MAR and Medication Administration Observation Checklists, further determining if the staff member passed or failed observations, administered medications to residents to include the following:

On [REDACTED]

Plan of Correction

Directed ([REDACTED] - 02/17/2024)

1/12/24 administrator retested staff C put records in [REDACTED] chart. (when staff C took the administration initial training course it was in the old system the medication trainer who did [REDACTED] test tried to pull up test was unable to access the test) Staff member A & B medication administration observation and medication administration review was done on 2/9/23 and 8/9/23 were the dates that medication observation and medication administration review was done. all observations and mar reviews and initial test for staff A, B, C have been faxed to [REDACTED]. Moving forward administrator will keep all records in staff's charts.

Proposed Overall Completion Date: 02/07/2024

Directed Plan

- On 01/12/24 the administrator administered the department approved medication administration initial training course to Staff Member C.
- The administrator will ensure the Initial Summary and Qualification Form and the required observations are completed by 03/01/24.
- On or about 01/12/24 the administrator located the previously completed medication administration annual practicum trainings showing the Observation and MAR Checklists dated 02/08/23 and 08/09/23 for Staff Member A and 12/27/23 for Staff Member B.
- The administrator will develop and implement a Medication Administration Training Checklist by 02/26/24 that includes review and retention of documentation related to all department approved medication administration required trainings.
- Starting 03/01/24, the administrator will audit staff records monthly for 6 months and will ensure the results are included on the audit checklist. Any medication administration training record which does not meet regulatory compliance will be scheduled for completion within 5 days of discovery and completed within 1 week thereafter.
- Starting 02/26/24, the administrator will ensure any staff member whose Department Approved Medication Administration Training that does not meet regulatory compliance, will cease administering medications to residents immediately upon discovery, until training is successfully administered.
- The administrator will ensure all checklists and related documentation is kept in the home.

190a - Completion Medication Course (continued)

Directed Completion Date: 02/07/2024

Implemented () - 03/13/2024)

221c - Post Activity Calendar

10. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar includes activities for dates 1/9/24 and 1/30/24.

Plan of Correction

Directed () - 02/17/2024)

1/4/24 administrator completed the monthly activity calendar on site. State inspector took a picture of the completed calendar. going forward administrator will update activity calendar the 1st of every month.

Proposed Overall Completion Date: 02/07/2024

Directed Plan

- On 01/04/24 the administrator completed the Weekly Activity Calendar and the remainder of the calendar for the month of January 2024. The Activity Calendar is posted in a public place.
- Starting 01/04/24, the administrator will ensure a Weekly Activity Calendar includes an activity for each day of the week.
- Starting 01/04/24 the administrator will update the weekly activity calendar the 1st day of every month and will ensure the calendar continues to be posted in a conspicuous and public place in the home.

Directed Completion Date: 02/07/2024

Implemented () - 03/13/2024)