



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **DOLORES L SMITH SHARER**  
LEGAL ENTITY

To operate **SMITH'S PERSONAL CARE HOME**  
NAME OF FACILITY OR AGENCY

Located at **47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **34**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 23, 2024** until **February 23, 2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **238781**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

[REDACTED]  
CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: AUGUST 23, 2024

[REDACTED]  
Dolores L Smith Sharer  
[REDACTED]

RE: Smith's Personal Care Home  
License: 238781

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 21, 2024, and June 21, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 238780) dated February 4, 2024, to February 4, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated February 4, 2024 to February 4, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 23, 2024 to February 23, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
187d	III	23	\$3	\$69	15 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

  
 Pennsylvania Department of Human Services  
 Bureau of Human Services Licensing  
 Room 631, Health and Welfare Building  
 625 Forster Street  
 Harrisburg, Pennsylvania 17120  
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:



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

**Facility Information**

Name: SMITH'S PERSONAL CARE HOME License #: 23878 License Expiration: 02/04/2025  
Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853  
County: BRADFORD Region: NORTHEAST

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: DOLORES L SMITH SHARER  
Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 07/30/1987 Issued By: PA Dept. L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Interim Exit Conference Date: 06/21/2024

**Inspection Dates and Department Representative**

06/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 34 Residents Served: 23

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 17  
Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 4  
Have Mobility Need: 1 Have Physical Disability: 3

**Inspections / Reviews**

**06/21/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/05/2024

Inspections / Reviews (*continued*)

07/18/2024 - POC Submission

Submitted: [REDACTED]

Date Submitted: 07/03/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

07/18/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The large trash can in the first-floor common bathroom (S1) was not covered.

Plan of Correction

Accept [redacted] - 07/10/2024)

The identified can will be covered. The administrator will see that all cans in the home are covered as required. The administrator or staff will conduct weekly checks in the facility

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [redacted] - 07/18/2024)

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The temperature of the kitchen refrigerator was 50°F.

Plan of Correction

Accept [redacted] - 07/10/2024)

The identified refrigerator was turned down to reach 40 degree temperature. The administrator will do weekly checks.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [redacted] - 07/18/2024)

105d - Change Bed Linens/Towels

3. Requirements

2600.

105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

Resident #2's blankets, bed sheets, mattress and box spring covers are stained with bed bug excrement.

Plan of Correction

Accept [redacted] - 07/10/2024)

Resident #2's bed linens will be changed once a week to make sure sanitary conditions are maintained. The administrator will assure that all bed linens are changed once a week or more frequent if necessary based on each individual's needs. The administrator will do weekly checks.

Licensee's Proposed Overall Completion Date: 07/01/2024

Not Implemented [redacted] - 07/18/2024)

**187d - Follow Prescriber's Orders****4. Requirements**

2600.

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

**Description of Violation**

*Resident #1 has an order for Metoprolol hold for SBP less than 100 or heart rate less than 60. The home is not recording or taking the resident's SBP. The administrator stated that they were under the impression that they only needed to measure one or the other.*

Repeated Violation: 1-31-23 et al.

**Plan of Correction****Accept** [REDACTED] - 07/10/2024)

*Resident #1 has a new order for Metoprolol without parameters. Going forward, med techs will review all orders for parameters that may need to be followed. The administrator will make sure that any resident's medications with parameters will be followed.*

Licensee's Proposed Overall Completion Date: 07/03/2024

**Not Implemented** [REDACTED] - 07/18/2024)

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

**Facility Information**

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Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853  
County: BRADFORD Region: NORTHEAST

**Administrator**

Name: [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: 24 Waking Staff: 18

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal, Complaint Exit Conference Date: 03/21/2024

**Inspection Dates and Department Representative**

03/21/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 34 Residents Served: 23

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 17  
Diagnosed with Mental Illness: 13 Diagnosed with Intellectual Disability: 4  
Have Mobility Need: 1 Have Physical Disability: 3

**Inspections / Reviews**

**03/21/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/20/2024

Inspections / Reviews (*continued*)

07/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

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 [REDACTED] 24 resident #1 became agitated, walked down the home's driveway, and stepped on to a busy highway. The incident was witnessed by staff person A, and reported to staff person B, who is the home's [REDACTED] Resident #1 was sent to the hospital for evaluation as a result. Staff person B did not report the incident to the department's regional office as required.

Plan of Correction

Directed [REDACTED] - 05/23/2024)

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

Directed Completion Date: 06/20/2024

Not Implemented [REDACTED] - 07/18/2024)

25c11 - List of Rates

2. Requirements

2600.

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

- 11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

On 1/1/23 resident #2's contract was amended with an increase in monthly rent from \$1250 to \$1470. Resident #1 did not sign the amended contract acknowledging notification of the increase in rent.

Plan of Correction

Directed [REDACTED] 05/23/2024)

The home will use the Department's model contract for all newly admitted residents or will use a contract that contains all of the elements required by this Chapter at a minimum. All resident support plans will be attached to the contracts. The contracts will reference the attached support plans. The home will update resident #1's contract and include the resident's signature.

Directed Completion Date: 06/20/2024

Implemented [REDACTED] - 07/18/2024)

26b - Quality Management Plan Content

3. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

- 1. The reportable incident and condition reporting procedures.
- 2. Complaint procedures.
- 3. Staff person training.
- 4. Licensing violations and plans of correction, if applicable.
- 5. Resident or family councils, or both, if applicable.

## 26b - Quality Management Plan Content (continued)

**Description of Violation**

The home did not have documentation that a quality management meeting was held to discuss the topics required by this regulation.

**Plan of Correction**

Directed [REDACTED] - 05/28/2024)

The home's quality management plan will be amended to include, at a minimum:

- (1) The date the administrator and executive staff will review the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review or all incidents reported within the past year.
- (2) The date the administrator and executive staff will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations.
- (3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.
- (4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.
- (5) The development and maintenance of a resident council.

Directed Completion Date: 06/20/2024

Implemented [REDACTED] - 07/18/2024)

## 65f - Training Topics

**4. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
6. Safe management techniques.

**Description of Violation**

Staff person C did not have training in the following required training topics for the 2023 training year: medication self administration, meeting the needs of the residents using the medical evaluation, support plan, and pre screening form, and safe management techniques.

**Plan of Correction**

Directed [REDACTED] - 05/28/2024)

The administrator will develop a staff training plan that includes the following information:

- (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer
  - (2) The required training courses for each person identified in (1).
  - (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year.
- The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g.  
The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c.

Staff person C will be trained medication self-administration, meeting the needs of the residents using the medical evaluation, support plan, and prescreening form, and safe management techniques.

65f - Training Topics (continued)

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During the initial morning walkthrough, the litter box located near the side entrance had not been cleaned out. In the afternoon, the litter box was observed to still be full of cat feces.

Plan of Correction

Directed [redacted] /28/2024)

The home's administrator will maintain the home's litter box. Each shift the administrator will designate a staff member to clean the litter box for all three shifts. The administrator will conduct daily checks of the litter box for compliance with the regulation.

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

88a - Surfaces

6. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The exhaust vents in the 1st floor "new" bathroom and the second floor [redacted] Bathroom were clogged with dust and cobwebs.

Plan of Correction

Directed [redacted] - 05/28/2024)

The administrator will check all surfaces in the home to ensure that they are clean, in good repair, and free of hazards. And surfaces found to be in need of cleaning or repair will be cleaned or repaired immediately. The administrator will have the exhaust vents in the 1st floor new bathroom cleaned. The administrator will check the home's exhaust vans every month for cleaning.

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have a lamp or other light source that is easily accessible from their bed.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Directed [redacted] - 05/28/2024)

An operable bedside lamp will be added to the identified bedroom. The administrator will check all bedside lamps at least once per week to ensure that they are operable.

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

103e - Left Overs

8. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following food items were found in the home's kitchen cabinets and were not dated to indicate when they were opened: 1-Zip-lock bag of Raisin Bran Cereal; 1 bag of Marshmallows.

The following food items were found in the home's RCA freezer and were not dated to indicate when they were opened: 1 small box of Stauffer's French Bread Pizza and 4-1-pound blocks of butter removed from the original box.

Plan of Correction

Directed [redacted] 05/28/2024)

The home's administrator will ensure that all leftovers are dated and labeled before storing the food items in the refrigerator and freezers. The administrator will complete daily checks of all leftovers that will be dated and labeled for the first month and then weekly checks.

Directed Completion Date: 06/20/2024

Not Implemented [redacted] 07/18/2024)

103f - Refrigerator/Freezer Temps

9. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer located in the home's basement had a temperature reading of 10°F. The freezer contained a package of bacon and a box of pizza.

Plan of Correction

Directed [redacted] 05/28/2024)

The identified refrigerator/freezer will be repaired or replaced such that the food inside is stored at a temperature required by this regulation. No food will be stored in the refrigerator/freezer until the item is repaired. The administrator will conduct weekly checks of all refrigerators and freezers temperatures in the home.

Directed Completion Date: 06/20/2024

Not Implemented [redacted] - 07/18/2024)

103g - Storing Food

10. Requirements

103g - Storing Food (continued)

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A bag of Le Gout brand soup starter was noted in the kitchen cabinet opened and not properly sealed.

Plan of Correction Directed (████) - 05/28/2024)

The identified items will be discarded. In the future, all food will be stored in closed or sealed containers which are labeled and dated. Administrator will complete weekly audits that food items are properly sealed.

Directed Completion Date: 06/20/2024

Implemented (████) - 07/18/2024)

103i - Outdated Food

11. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the home's RCA freezer there was a 2 gallon plastic container of ice cream with an expiration date of 11/7/23. Also, in the basement food storage area there were 4 dented cans found on the shelves: 1 can of peaches, 1 can of pears, and 2 cans of cream corn.

Plan of Correction Directed (████) - 05/28/2024)

The identified items will be discarded.  
The administrator will designate a person to check all food items stored in the home to ensure that no outdated or spoiled food or dented cans are used on a weekly basis.

Directed Completion Date: 06/20/2024

Implemented (████) 07/18/2024)

105d - Change Bed Linens/Towels

12. Requirements

2600.  
105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

The bedsheets and mattress cover on Resident #4's bed are stained with black bed bug excretions.

Plan of Correction Directed (████) /28/2024)

Resident #4's bed linens will be changed at least once a week to ensure that sanitary conditions are maintained. The administrator will ensure that bed linens and towels for all residents are changed as required by this regulation and based on each resident's individual needs.

Directed Completion Date: 06/20/2024

Not Implemented (████) - 07/18/2024)

105g - Lint Removal and Duct Cleaning

13. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

*Lint was not cleaned out of the filter of the dryer located in the basement.*

Plan of Correction

*Directed [REDACTED] - 05/28/2024)*

*Lint will be removed from the dryers after each use. Signs reminding staff to remove lint will be posted in the home's laundry area. All staff will be trained to remove lint after each use of the dryer. Documentation of training will be kept.*

**Directed Completion Date: 06/20/2024**

*Implemented [REDACTED] - 07/18/2024)*

125a - Combustible Storage

14. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

*A plastic hanger was found behind the dryer in the 1st floor laundry area.*

*There were 4 cigarette butts observed in the mulch bordering the porch located just outside the exit door from resident room 17.*

Plan of Correction

*Directed [REDACTED] - 05/28/2024)*

*The home will clean out all combustibile items located behind the home's dryers. The administrator will assign a staff member to check and clean area out daily.*

**Directed Completion Date: 06/20/2024**

*Implemented [REDACTED] - 07/18/2024)*

132a - Monthly Fire Drill

15. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

*The home did not conduct a fire drill in June 2023.*

Plan of Correction

*Directed [REDACTED] 05/28/2024)*

*The home will hold an unannounced fire drill in accordance with 2600.132a-j. The home will run a makeup drill from June 2023.*

**Directed Completion Date: 06/20/2024**

*Implemented [REDACTED] - 07/18/2024)*

132e - Fire Drill Sleeping Hours

16. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hour drill on 3/3/23 at 10:55pm. The home has not conducted another sleeping hour drill within six months as required.

Plan of Correction

Directed [redacted] - 05/28/2024)

The home will hold a fire drill between 11PM and 6 AM within the next 30 days. The home's administrator will preplan the overnight required drills in advanced.

Directed Completion Date: 06/20/2024

Implemented [redacted] 07/18/2024)

162c - Menus Posted

17. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home had only the current week's menu posted.

Plan of Correction

Directed [redacted] 05/28/2024)

The home will prepare, and post menus as required by this regulation. The home's administrator will conduct weekly checks that the menus are in compliance.

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

183e - Storing Medications

18. 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 #5's Fluticasone inhaler was not dated and initialed by the staff person who opened it for use. Repeated violation 1/31/23, et al.

Plan of Correction

Directed [redacted] 05/28/2024)

The home's administrator will train all medication techs in properly dating and labeling medications after the medication is opened. The administrator will complete weekly audits of medications requiring dating and labeling. Resident number 5's Fluticasone inhaler will be dated and labeled if possible or discarded.

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)

184a - Resident's Meds Labeled

19. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #6's Novolog insulin pen did not have a pharmacy label attached to it in the medication cart. The home also did not have the original packaging for the insulin pen with the pharmacy label attached.

Plan of Correction

Directed [REDACTED] - 05/28/2024)

The home will ensure that all prescription and sample medication containers are labeled with the required information. The home will ensure that resident #6's Novolog insulin pen has a pharmacy label attached to the pen. The home will train all medication techs residents medications being labeled. The administrator will conduct weekly audits.

Directed Completion Date: 06/20/2024

Implemented [REDACTED] - 07/18/2024)

187d - Follow Prescriber's Orders

20. Requirements

2600.

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

Description of Violation

Resident #3 has an order for Metoprolol twice daily to be held if the heart rate is greater than 100. On the following dates and times the resident's heart rate was greater than 100 but the medication was administered:

3/4/24—the morning pulse was 120; the resident's pulse rate for the afternoon administration was not measured.

3/8/24—the morning pulse was 115; the afternoon pulse rate was not documented.

3/10/24—the morning pulse was 107

3/11/24—the morning pulse was 107

3/12/24—the morning pulse was 106

Repeated Violation: 1-31-23 et al.

Plan of Correction

Directed [REDACTED] - 05/28/2024)

The home shall follow the directions of the prescriber. Staff will be retrained on following resident's parameters for medications. The administrator will conduct weekly audits for 187d.

Directed Completion Date: 06/20/2024

Not Implemented [REDACTED] - 07/18/2024)

227d - Support Plan Medical/Dental

21. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

Based on staff interviews, it was determined that Resident #1 had frequent verbal altercations with their roommate Resident #5. Resident #1's RASP dated [redacted]/23 was not updated to indicate this behavior. Repeated violation 1/31/23, et al.

Plan of Correction

Directed [redacted] 05/28/2024)

The home will update resident #5's RASP to reflex all verbal altercations with their roommates. The administrator will audit all resident's RASP for any additional updates. The administrator will be responsible for maintaining compliance.

Directed Completion Date: 06/20/2024

Not Implemented [redacted] - 07/18/2024)

227g -Support Plan Signatures

22. 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 RASP dated [redacted]/23 for Resident #4 is not signed by the person who completed the assessment. Repeated violation 1/31/23, et al.

Plan of Correction

Directed [redacted] - 05/28/2024)

All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or unwillingness will be kept. The home's administrator will audit all resident's RASPs for the required signatures,

Directed Completion Date: 06/20/2024

Implemented [redacted] - 07/18/2024)