

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

December 30, 2024

[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 11/25/2024 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: SMITH HEALTH CARE LTD License #: 22923 License Expiration: 10/01/2025
 Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707
 County: LUZERNE Region: NORTHEAST

Administrator

Name: [Redacted] Phone: 5708683664 Email: shcap@verizon.com

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: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/25/2024

Inspection Dates and Department Representative

11/25/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 93 Residents Served: 55
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 53
 Diagnosed with Mental Illness: 8 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

11/25/2024 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/20/2024

12/26/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 12/30/2024
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/02/2025

Inspections / Reviews *(continued)*

12/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

12/30/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

There is no verification that Staff Member A completed any of their required 24 hours of yearly training for the 2023 year.

Plan of Correction

Accept [redacted] - 12/30/2024)

Staff person A did not have 24 hours of training completed in the 2023 calendar training year. Going forward the Administrator is to complete at minimum 6 hours of training each quarter to ensure compliance is occurring with the training regulation. This training completion is to be submitted by the Administrator to QA quarterly for review of compliance.

Proposed Overall Completion Date: 12/27/2024

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] - 12/30/2024)

132c - Fire Drill Records

2. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Monthly fire drill logs do not document the number of residents evacuated or the number of staff participating in any of the completed drills from 11/2023 to 11/2024.

Plan of Correction

Accept [redacted] 12/26/2024)

Fire drill logs reviewed by administrator; this was an oversight on the administrator's part. All residents in the building participated in all fire drills. There were no problems. All fire drills were reviewed and are in compliance with regulation 2600.132c. The administrator will submit all Fire drill logs to QA quarterly for review and completeness.

Licensee's Proposed Overall Completion Date: 12/23/2024

Implemented [redacted] - 12/30/2024)

185a - Implement Storage Procedures

3. Requirements

185a Implement Storage Procedures (continued)

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 [redacted] has a straight order for [redacted] Levels to be checked three times daily. On [redacted], the glucometer reading was [redacted] and documented on The Medication Administration Record as [redacted]

Resident [redacted] has an order for [redacted] Levels to be checked three times daily, and to administer insulin as per the following sliding scale:

- 0-150=0 units
- 151-200=2 units
- 201-250=4 units
- 251-300=6 units
- 301-350=8 units
- 351-400=10 units

On [redacted], the glucometer had a reading of [redacted]. The Medication Administration Record states that [redacted] were given. According to the sliding scale, the Resident should receive [redacted]. Via staff interviews conducted this day, staff states that the correct number of units were given and just incorrectly documented on the MAR.

Plan of Correction

Accept [redacted] - 12/26/2024)

Insulin trained employee responsible for documentation of blood glucose readings and Insulin sliding scale parameters interviewed by administration. Sliding scale parameters discussed. The employee was re-educated on the importance of proper documentation and medication errors. Administration to re-educate all medication trained employees by 1/10/25 on regulation 2600.185a. Random monitoring of glucometers and documentation of insulin sliding scale of at least two residents per floor to be done bi-weekly x one month then monthly by administration or designated employee and submitted to QA quarterly by administration for review.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented ([redacted] 12/30/2024)