



Pennsylvania Department of Human Services

Sent via Email to: smithpch@frontier.com dsharer@epix.net

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JUNE 11, 2025

[REDACTED]
[REDACTED]
47 Front Street
[REDACTED]
[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 January 9, 2025, February 20, 2025, February 21, 2025, April 15, 2025, and April 18, 2025 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 issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from June 11, 2025 to December 11, 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.

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:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
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,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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: *02/23/2025*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Interim* Exit Conference Date: *04/18/2025*

Inspection Dates and Department Representative

04/15/2025 - On-Site: [REDACTED]
04/18/2025 - Off-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: *14*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

04/15/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2025*

05/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2025

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

A medication error was noted during the onsite inspection of the home. The home was advised on 4/18/25 at 9:05 a.m. to submit an incident report regarding Resident #2's prescription for ██████████ (Valsartan) 40 mg tablets being held in error by staff on 4/1/25, 4/3/25, 4/8/25 and 4/13/25. The home did not submit an incident report to the Department regarding the medication error.

Plan of Correction

Directed ██████████ 05/27/2025)

An incident report was submitted on 5/16/2025. ██████████, Administrator, will review the faxed submission date. Whenever there is a question about whether a submission is required, a submission will take place. ██████████ will be the responsible person for the submissions.

Proposed Overall Completion Date: 05/26/2025

(Directed)

All staff will be trained in reportable incidents and conditions; this training will include the home's internal policy on who is responsible for reporting on the weekends and holidays. The training shall be maintained by the home and available for the Department. All future incidents will be reported within 24 hours as required.

Directed Completion Date: 06/25/2025

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home is the Representative Payee for Resident #1. Resident #1 has a bank account balance of \$11,638.50 in it with deposits from social security income. The home did not have a financial account summary of all dates, amounts of deposits, amounts of withdrawals, and the current balance.

Plan of Correction

Directed ██████████ - 05/27/2025)

The administrator will transfer the correct amounts to the Care Home for previous monthly room and board charges and a PA.Able account is in the process of being started for Resident #1. A financial account summary will be available for all deposits, withdrawals and current balance as required on a continual basis.

20b1 - Financial Records (continued)

Proposed Overall Completion Date: 06/04/2025

(Directed)

The home will remedy Resident #1's financial transactions so they are current and accurate. The residents financial transactions should be current and accurate as transactions occur. The home will use the Department's model form to keep a record of all financial transactions with all residents the home manages personal finances. . The record will include the dates, amounts of deposits, amounts of withdrawals and the current balance. The Administrator will audit these records weekly for 3 months for accuracy. The administrator will initial the transaction record when these audits are completed.

Directed Completion Date: 06/25/2025

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 9:15 a.m. Resident #1's bed sheet was covered with brownish red spots that appeared to be blood stains.

Plan of Correction

Directed [REDACTED] **05/27/2025)**

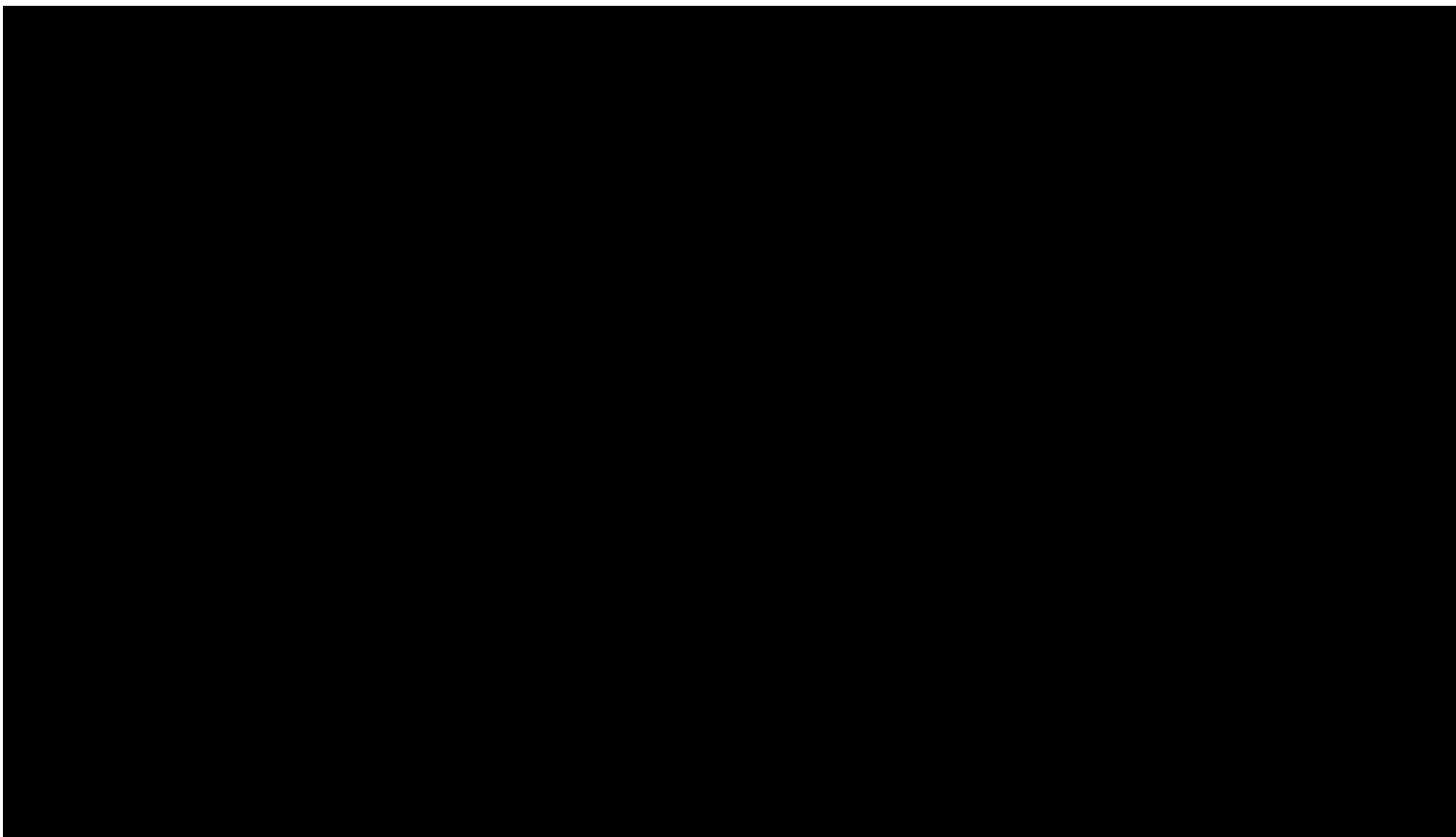
The sheet was dirtied during that night and was scheduled to be changed on that day since the resident was picking [REDACTED] during the night and wiping it on the sheet. The bedding is normally changed each week and whenever this happens, the staff checks on a daily basis, the bedding is changed. The administrator will check each week and the housekeeping staff will monitor and sign each day for compliance.

Proposed Overall Completion Date: 05/26/2025

(Directed)

Resident #1's bedsheets will be checked for cleanliness daily and changed as needed. These checks will be maintained by the home. The Administrator will audit 2 residents bedsheets weekly for 3 months to ensure linens are being changed accordingly. These audits will be maintained by the home.

Directed Completion Date: 06/25/2025



183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

The home's medication room was unlocked and unattended at 9:10 a.m. A basket containing Resident #4's medications was found on top of a cabinet inside the unlocked medication room.

Plan of Correction

Directed [redacted] - 05/27/2025)

See attached. The Med Rm/Office door has had an automatic door closer attached as per the picture attached. The door automatically closes whenever anyone lets go of the door/handle and locks upon closing. Staff uses their own code to unlock the door to enter. This attachment was put onto the door on 5/6/2025. [redacted], Administrator, and [redacted], Maintenance, will continue to maintain the closer ensure proper working order each day as it is used each day to enter and exit the office area .

Proposed Overall Completion Date: 05/26/2025

(Directed)

In addition to the above noted plan: The Administrator will complete daily audits of the door being locked on different shifts and times for 3 months. These audits will be maintained by the home.

Directed Completion Date: 06/25/2025

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Staff Person A stated that Resident #2 has an order for [REDACTED] (Valsartan) 40 mg tablets which was to be administered once daily at 7:00 a.m. and was to be held for SBP under 100 and DBP under 60. The staff member reported being told to administer the medication according to the parameter however the resident's medication administration record does not list the parameter for the medication, nor does the medication label. The medication was not administered on 4/1/25, 4/3/25, 4/8/25, and 4/13/25 and it was confirmed with the resident's physician that the medication was to be administered as a straight order on these dates.

Repeat violation: 6/21/24, 3/21/24

Plan of Correction

Directed [REDACTED] - 05/27/2025)

Medication administration record will show the current written orders which the staff are now using. Staff were using orders from hospital discharge but nothing in writing was available. Current orders are now in writing for review. [REDACTED], Administrator, and [REDACTED], Med Tech, are responsible for tracking each resident's medication and "written" orders" for comparison to pharmacy labels, written orders, and medications given. This is being done continually on a daily basis especially upon discharge orders or appointment orders.

Proposed Overall Completion Date: 05/26/2025

(Directed)

All staff that administer medications will be trained in the 5 rights of medication administration by a certified medication train the trainer. This training will be maintained by the home. The administrator/designee will observe medication passes weekly on different days of the week, different shifts and with different staff for 3 months. These observations will be documented and immediate remediation will be completed.

Directed Completion Date: 06/25/2025

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: *02/23/2025*
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: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Provisional Exit Conference Date: *02/20/2025*

Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]
02/21/2025 - Off-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: *14*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/20/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/22/2025*

03/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/02/2025

04/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/08/2025

05/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2025

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

Resident #1 has an order for Humira to be administered 1 day on, 13 days off. As per the home the resident was due to be administered the medication on 2-7-25, however due to not receiving the medication from the pharmacy the medication was not administered. A reportable incident was not submitted by the home regarding the medication error.

Plan of Correction

Accept [redacted] - 04/04/2025)

An incident report has been submitted regarding the medication error. [redacted], Administrator will be responsible for completing any incident reports involving further medication errors. [redacted] Specialty Pharmacy provides 2 doses of Humira in one shipment to be given one dose every 2 weeks. Next dose is scheduled for 4/15/2025 (Tuesday) and the A.M. Med Tech will call on 4/11/2025 (Friday before) to ensure that Humira has been shipped. Administrator will audit calendar for compliance.

The incident report was sent to the Dept on 3/21/2025. Staff have been trained 4/1 and 4/2/2025 on Reportable incidents and conditions as listed in 2600.16. All staff are being instructed in this training to inform Dolores Sharer, Administrator, when an incident (as reportable) happens so that a report can be made to the Dept.

Licensee's Proposed Overall Completion Date: 04/02/2025

Not Implemented [redacted] - 04/22/2025)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At approximately 9:35 a.m., a garbage can with trash in it was located next to the smoking shed. The can did not have a lid and also had a hole approximately 6 1/2 inches wide on the side of the garbage can.

Plan of Correction

Accept [redacted] - 04/04/2025)

The trash can is being replaced with a metal can and lid. The old trash can has been removed. A metal barrel and dome top have been purchased. The new barrel with lid will be placed by the smoking shed after being modified with a chain connecting the barrel to the top. Staff who frequent the smoking shed daily will check the barrel to make sure the top stays onto the barrel. Administrator will audit for compliance.

The new trash can was placed outside the smoking shed on 3/31/2025.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [redacted] - 04/18/2025)

144c1 - Smoking Area Guidelines

4. 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

At approximately 9:30 a.m., approximately 30 cigarette butts were observed on the ground around the perimeter of the designated smoking shed.

Plan of Correction

Accept [redacted] - 04/04/2025)

The perimeter of the designated smoking shed will be checked and cleaned every Monday, Wednesday, and Friday by the maintenance staff. The smoking shed is completely open on one end with fire resistant chairs, metal cans of sand for cigarette butts, and a fire extinguisher. Staff members frequenting the smoking shed will audit the perimeter each day as well as the property around the Home. Administrator will do unannounced audits.

On 3/27/2025, staff began the daily checking for butts in and around the smoking shed as well as the Care Home grounds.

Licensee's Proposed Overall Completion Date: 03/27/2025

Implemented [redacted] - 04/18/2025)

183b - Meds and Syringes Locked

5. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 10:25 a.m. the medication room door was unlocked and unattended. Shelves containing resident's medications were noted in the room.

Plan of Correction

Accept [redacted] - 04/04/2025)

Staff were reminded on 3/15/2025 to keep the medication room door closed at all times when unattended. Shelves containing residents' medication were moved to a different area in the room. [redacted], Administrator, will audit on an ongoing basis by checking the door frequently throughout the day.

A sign was placed onto the door on 3/28/2025 and a reminder was placed in paychecks of all staff on 3/28/2025. [redacted], Administrator, began checking the door. When [redacted] is unavailable, [redacted] will check intermittently for the locked door.

Licensee's Proposed Overall Completion Date: 03/28/2025

Not Implemented [redacted] 04/18/2025)

185a - Implement Storage Procedures

6. Requirements

2600.

185a - Implement Storage Procedures (continued)

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 has an order for blood glucose readings 3 times daily at 7:00 a.m., 11:00 am, and 4:00 p.m. On 2-16-25 at 7:00 a.m. the resident had a blood glucose reading of 134 noted in the residents glucometer that was incorrectly recorded on the medication administration record as 143.

Plan of Correction

Accept [redacted] - 04/04/2025)

Staff were instructed on 3/15/2025 about the importance of recording blood glucose readings accurately. Staff members [redacted] will be responsible for checking meters and procedures each day. [redacted], Administrator, will review data each week for compliance. A reminder of the importance of accurate blood glucose readings was placed in Med Tech paychecks on 3/28/25. Checking meters began 3/27/2025.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented [redacted] 05/28/2025)

187d - Follow Prescriber's Orders

7. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Humira to be administered 1 day on, 13 days off. As per interviews with the home's administrator, the resident was due to be administered the medication on 2-7-25 however due to the home not receiving the medication from the pharmacy, the medication was not administered as prescribed.

Repeat violation: 6/21/24, 3/21/24

Plan of Correction

Accept [redacted] - 04/04/2025)

Staff members [redacted] will forward any medication needs to [redacted], Administrator, to request refills from the pharmacies and track when the medications arrive. If medications do not arrive, [redacted], Administrator, will follow up with the pharmacies/doctors. [redacted] Specialty Pharmacy provides 2 doses of Humira in one shipment to be given one dose every 2 weeks. Next dose is scheduled for 4/15/2025 (Tuesday) and the A.M. Med Tech will call on 4/11/2025 (Friday before) to ensure that Humira has been shipped. A reminder sign off sheet for Humira is provided to [redacted] Tech, for the first the call on 4/11/2025. Administrator will audit calendar for compliance.

Licensee's Proposed Overall Completion Date: 04/01/2025

Not Implemented ([redacted] 04/18/2025)

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: *02/23/2025*
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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *01/09/2025*

Inspection Dates and Department Representative

01/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* Residents Served: *21*

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: *14*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *4*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

01/09/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/24/2025*

Inspections / Reviews (*continued*)

02/03/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/07/2025

05/14/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/21/2025

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

05/14/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/14/2025

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 12/22/24 resident #1 had stomach pains and was sent to the hospital. Resident #1 was diagnosed with an abdominal aortic aneurysm and required surgery. The home did not report the incident to the department's regional office as required. Repeat violation: 3/21/24

Plan of Correction

Directed [redacted] - 03/31/2025)

The administrator, [redacted], will provide an incident report for any resident sent to the hospital for any type of surgery due to the trauma of having surgery.

Proposed Overall Completion Date: 01/24/2025

(Directed)

All staff will be trained in reportable incidents and conditions; this training will include the home's internal policy on who is responsible for reporting on the weekends and holidays. The training shall be maintained by the home and available for the Department. All future incidents will be reported within 24 hours as required.

Directed Completion Date: 05/14/2025

Not Implemented [redacted] - 05/14/2025)