

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

August 22, 2025

[REDACTED]
DOLORES L SMITH SHARER
[REDACTED]

RE: SMITH'S PERSONAL CARE HOME
47 FRONT STREET, P.O. BOX 65
WYALUSING, PA, 18853
LICENSE/COC#: 23878

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2025, 07/31/2025 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'S PERSONAL CARE HOME License #: 23878 License Expiration: 12/11/2025
 Address: 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853
 County: BRADFORD Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: DOLORES L SMITH SHARER
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 23 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 07/01/2025

Inspection Dates and Department Representative

07/01/2025 - On-Site: [REDACTED]
 07/31/2025 - 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: 7 Are 60 Years of Age or Older: 13
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

07/01/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2025

08/15/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/22/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/22/2025

Inspections / Reviews *(continued)*

08/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/27/2025

08/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2025

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 [REDACTED], The home failed to report within 24 hours the unexpected death of resident [REDACTED]. The home did not report this incident to the department until [REDACTED].

Plan of Correction

Directed [REDACTED] - 08/20/2025)

[REDACTED] Administrator, was responsible for fixing the problem by submitting the incident report on 6/30/2025. [REDACTED], Administrator, and [REDACTED], Direct Caregiver, will monitor compliance within 24 hours of notification of a resident's death. Reports of filing with dates with verification of emailing/faxing will be kept. Incident report forms are available for all staff as reminders of reporting regulations.

Proposed Overall Completion Date: 08/15/2025

Directed: In addition to the above plan of correction, all staff will be educated requiring reporting requirements and home's policy for person responsible for sending a reportable to the Department.

Directed Completion Date: 08/27/2025

Implemented [REDACTED] - 08/22/2025)