



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

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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 **December 11, 2025** until **June 11, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **238783**

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

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEBRUARY 20, 2026

[Redacted]

47 Front Street

[Redacted]

RE: Smith's Personal Care Home
License # 238783

Dear [Redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 28, 2025, October 31, 2025, November 3, 2025, January 15, 2026 and January 16, 2026 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 THIRD PROVISIONAL license to operate the above facility. A THIRD 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 THIRD PROVISIONAL license is enclosed and is valid from December 11, 2025 to June 11, 2026.

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 or § 2800 (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	Class of	Census at	Fine Per resident	Calculated Fine	Mandated Correction Date
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Section:	Violation	Inspection	X Per day	= Per day	(to avoid Fine)
16c	III	22	\$3	\$66	15 calendar days from mailing date of this letter
187d	II	22	\$5	\$110	5 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
 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

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: *12/11/2025*
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: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *11/07/2025*

Inspection Dates and Department Representative

10/28/2025 - On-Site: [REDACTED]
10/31/2025 - Off-Site: [REDACTED]
11/03/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *34* Residents Served: *20*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/28/2025 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/13/2025*

12/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/02/2026*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/23/2025*

12/26/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *01/02/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/02/2026*

02/03/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/02/2026*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's licensing inspection summary, dated 4/15/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 12/16/2025)

All inspection reports have been posted in a binder in the back entry foyer for anyone to view. A poster stating that inspection reports are in the binder is posted on the bulletin board in the kitchen. [redacted], Administrator, will be responsible for putting all reports in the binder. All reports from the previous annual inspection through the current annual inspection will be kept in the binder.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/16/2026)

16c - Written Incident Report

2. 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 #3 is prescribed Admelog 100 u per a sliding scale of insulin three times daily. Resident #3 was administered 6 units on 10/4/25 at 3: 22 p.m. for a blood sugar reading of 199 and should have received 0 units. The resident was not administered Admelog on 10/4/25 at 11:05 a.m. for a blood sugar reading of 221 and on 10/12/25 at 7:07 p.m. for a blood sugar reading of 203 and should have received 6 units. The home did not report the medication errors to the Department.

Repeat Violation: 7/1/25 et al, 4/15/25 et al, 2/20/25 et al

Plan of Correction

Accept [redacted] - 12/26/2025)

Med trained staff have had more training on using the sliding scale, and reporting accurately blood sugar results. They are to report any error to [redacted], Administrator, as soon as error as occurred then [redacted] will report the incident to the Department as well as abuse reporting. [redacted], Direct Caregivers, will review glucose charting with insulin charting each evening. [redacted] will send an incident report to Department fir 10/4 and 10/12.

Licensee's Proposed Overall Completion Date: 01/02/2026

Not Implemented [redacted] - 01/16/2026)

51 - Criminal Background Check

3. Requirements

51 - Criminal Background Check (continued)

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 person A was hired on [REDACTED]/2025. The staff person's Pennsylvania State Police Criminal Background Check was requested on 9/12/25.

Plan of Correction

Accept [REDACTED] - 12/16/2025)

All new employees shall have criminal history checks requested on or before the first day of work. Results shall be recorded within the 30 day period. Staff person A's results were received 9/17. [REDACTED], Administrator, will be responsible for requesting all future criminal history checks. Complete folders with all first day and first week paperwork designated by the Department will be put together for use with any new employee.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([REDACTED] - 01/16/2026)



82c - Locking Poisonous Materials

6. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Odo ban and Clorox Bleach, with a manufacture's label indicating "call poison control center if ingested", was unlocked, unattended, and accessible to residents on 10/28/25 in an unlocked chemical closet. Not all the residents of the home, including Resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 12/26/2025)

All staff had training on 11/15/25 to reinforce the necessity of keeping all areas containing any poisonous materials locked at all times. █, Administrator, will check the cleaning closet each day in the mornings and throughout the day. See attached. The closet was locked on day of inspection. A sign in sheet will be posted to the closet door for staff signing each time of inspection for compliance.

Licensee's Proposed Overall Completion Date: 01/02/2026

Implemented (█ - 01/16/2026)

105g - Lint Removal and Duct Cleaning

7. 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

The external dryer duct that exits the building into the small courtyard between the rear entrance was caked with lint.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept [redacted] - 12/16/2025)

All staff had training on 11/15/25 to discuss the fire hazards of the necessity of cleaning the internal and external dryer ducts frequently. [redacted], cleans the external duct once a month. [redacted] [redacted], are checking the external dryer duct each Saturday. [redacted] Administrator, will review the cleanings. See attached.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/16/2026)

132c - Fire Drill Records

8. 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

The fire drill record for the drill conducted on 11/30/24 at 11:00 a.m. does not include the number of residents evacuated.

The fire drill conducted on 8/20/25 at 11:25 does not include a.m. or p.m. and the correct number of residents in the home at the time the fire alarm was activated.

The fire drill conducted on 9/15/25 does not include a.m. or p.m.

Plan of Correction

Accept [redacted] - 12/16/2025)

All staff had training on 11/15/25 to review the fire drill records. [redacted], Maintenance, had additional training addressing the need for completion of the reporting. [redacted], will review the fire drill record at the end of each month for completion. See attached.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/16/2026)

132g - Fire Drills Days/Times

9. Requirements

2600.

132g - Fire Drills Days/Times (continued)

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home has not conducted a fire drill during the overnight shift 9:00 p.m.- 5:00 a.m. from October 2024 – September 2025

Plan of Correction

Accept [redacted] - 12/26/2025)

All staff had training on 11/15/25 addressing the need for an overnight fire drill. Although our residents are in their rooms by 9 p.m. and up at 6 a.m., an overnight drill has been done at 2 a.m. (per inspector's request) on 10/30/25 and 10 p.m. on 11/24/25. See attached. [redacted], Administrator will review fire drills (initializing the fire drill log) each month for compliance of times and numbers.

Licensee's Proposed Overall Completion Date: 01/02/2026

Implemented [redacted] - 01/16/2026)

183e - Storing Medications

10. 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 #3's Lantus Solostar pen was opened on 9/26/25. The manufacturer instructions indicate to discard after 28 days.

Resident #4's Lantus Solostar pen was not dated when the pen was opened. The manufacturer instructions indicate to discard after 28 days.

Resident #4's Lispro 100-unit pen was not dated when the pen was opened. The manufacturer instructions indicate to discard after 28 days.

Plan of Correction

Accept [redacted] - 12/16/2025)

Staff had training on 11/15/25 addressing the need to date all insulin pens and review the dates for discarding. [redacted], Direct Caregivers, will track the pens for dates on a daily basis. [redacted] Administrator, will check pens on a weekly basis for dates and when to reorder pens from the pharmacy. See attached.

Licensee's Proposed Overall Completion Date: 12/11/2025

Not Implemented [redacted] - 01/16/2026)

184a - Resident's Meds Labeled

11. Requirements

2600.

184a - Resident's Meds Labeled (continued)

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

- 1. The resident's name.

Description of Violation

Resident #3's Admelog Solostar pen did not have the residents name on it.

Plan of Correction

Accept [redacted] - 12/16/2025)

All staff had training on 11/15/25 addressing the identification of insulin pens. [redacted] Direct Caregivers, will check each pen at the time it is placed in the med cart for name and date. [redacted], Administrator, will check pens on a weekly basis. See attached.

Licensee's Proposed Overall Completion Date: 12/11/2025

Implemented [redacted] - 01/16/2026)

187a - Medication Record

12. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.
- 6. Dose.

Description of Violation

Resident #3 has an order for Sennosides-Docusate Sodium 8.6 50 mg, 1 tablet by mouth 2x a day. The medication administration record indicates Seinna lax, Senexon - S 8.6. The medication administration record is incorrect.

Plan of Correction

Accept [redacted] - 12/26/2025)

Staff had a training on 11/15/25 concerning the correctness of medications to correct spelling and descriptions on the MARs. [redacted], Direct Caregiver, and [redacted], Administrator, will review all medications to be given to each resident's MAR for correctness each week. See attached.

Licensee's Proposed Overall Completion Date: 12/24/2025

Not Implemented [redacted] - 02/02/2026)

187b - Date/Time of Medication Admin.

13. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 10/28/25 at approximately 1:10 p.m. Staff person B initialed Resident #2's medication administration record prior to giving the resident the medication.

Plan of Correction

Accept [redacted] - 12/16/2025)

Staff had a training on 11/15/25 to reiterate the procedure of passing medications. [redacted] Administrator, will observe each med trained direct caregiver to ensure the correctness of the procedure. See attached.

Licensee's Proposed Overall Completion Date: 12/11/2025

187b - Date/Time of Medication Admin. (continued)

Implemented [REDACTED] - 01/16/2026)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Admelog 100 u per a sliding scale of insulin three times daily. Resident #3 was administered 6 units on 10/4/25 at 3: 22 p.m. for a blood sugar reading of 199 and should have received 0 units. The resident was not administered Admelog on 10/4/25 at 11:05 a.m. for a blood sugar reading of 221 and on 10/12/25 at 7:07 p.m. for a blood sugar reading of 203 and should have received 6 units.

Repeat Violation: 4/15/25 et al, 2/20/25 et al

Plan of Correction

Accept [REDACTED] - 12/16/2025)

Med trained staff have had more training on using the sliding scale as prescribed. Each evening, [REDACTED] and [REDACTED], Direct Caregivers, will review glucose charting with insulin charting as prescribed. [REDACTED], Administrator, will also review the glucose and insulin charting each week for correctness.

Licensee's Proposed Overall Completion Date: 12/19/2025

Not Implemented [REDACTED] - 01/16/2026)

188b - Medication Error Reporting

15. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #3 is prescribed Admelog 100 u per a sliding scale of insulin three times daily. Resident #3 was administered 6 units on 10/4/25 at 3: 22 p.m. for a blood sugar reading of 199 and should have received 0 units. The resident was not administered Admelog on 10/4/25 at 11:05 a.m. for a blood sugar reading of 221 and on 10/12/25 at 7:07 p.m. for a blood sugar reading of 203 and should have received 6 units. The medication error was not reported to the prescriber.

Plan of Correction

Accept [REDACTED] - 12/26/2025)

Med trained staff have had more training on using the sliding scale, and reporting accurately blood sugar results. They are to report any error to [REDACTED], Administrator, as soon as error as occurred then [REDACTED] will report the incident to the prescriber. [REDACTED], Direct Caregivers, will review glucose charting with insulin charting each evening. [REDACTED], Administrator, will be responsible for reporting error to prescriber. Staff on [REDACTED] will check the glucose charting each day to compare insulin to gluose readings.

Proposed Overall Completion Date: 12/24/2025

188b - Medication Error Reporting (continued)

Licensee's Proposed Overall Completion Date: 12/24/2025

Not Implemented (█ - 01/16/2026)

227c - Support Plan Revision

16. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's support plan dated █/24 does not indicate the responsible party to meet the resident's needs for supervision, mobility, and medication.

Plan of Correction

Accept █ - 12/26/2025)

Staff had training on 11/15/25 about the support plans of the residents. █, Administrator, will be responsible for completing the forms. █ Direct Caregiver, will review resident support plans at the time of submission for completeness. See attached. Page 7 was completed within the first week after inspection. █ will initial by my signature after reviewing the plans.

Licensee's Proposed Overall Completion Date: 01/02/2026

Implemented █ 02/02/2026)