

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

April 9, 2026

[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 01/15/2026, 01/16/2026 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]
Human Services Licensing Supervisor

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: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 01/16/2026

Inspection Dates and Department Representative

01/15/2026 - On-Site: [REDACTED]
 01/16/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 34 Residents Served: 22

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: 14
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

01/15/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2026

03/03/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/27/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/10/2026

Inspections / Reviews *(continued)*

03/16/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2026

04/09/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2026

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

Resident [REDACTED] has an order for [REDACTED], three times daily before meals per sliding scale. On the following dates the home did not administer sliding scale insulin before breakfast: 1/3/26 at 5:59 a.m. the blood glucose reading was [REDACTED] requiring [REDACTED] of insulin, [REDACTED] at 6:00 a.m. the blood glucose reading was [REDACTED] requiring 6 units of insulin, [REDACTED] at 6:07 a.m. the blood glucose reading was [REDACTED] requiring [REDACTED] of insulin, [REDACTED] at 6:00 a.m. the blood glucose reading was [REDACTED] requiring [REDACTED] of insulin. The home did not report the medication errors to the department's regional office until [REDACTED].

Repeated violations [REDACTED] et al, [REDACTED] et al, [REDACTED], et al.

Plan of Correction

Directed [REDACTED] - 03/16/2026)

2/1/26, [REDACTED] Administrator, started checking the glucose readings with the amount of insulin given according to the MARs and will continue verifying the correctness of insulin to the glucose reading on the daily report. [REDACTED] Administrator, will initial each reading that a correct insulin dosage was given as per the sliding scale. [REDACTED] will submit an incident report within 24 hours to the department if there is a glucose reading with the incorrect amount of insulin given. See attached.

[REDACTED] Administrator is responsible for fixing the problem.

Proposed Overall Completion Date: 03/10/2026

(Directed)

In addition to the above noted plan: All staff members will have training in reportable incidents and conditions. This training will include the homes internal policy on who is responsible for reporting on holidays and weekends. Documentation will be kept for the Department to review upon request.

Directed Completion Date: 03/27/2026

Implemented [REDACTED] 04/09/2026)

183e - Storing Medications

2. 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 [REDACTED] is prescribed [REDACTED] that was dated [REDACTED] as being opened. The manufacturer's label indicates to discard after 28 days. This was in the medication cart on [REDACTED]

Plan of Correction

Accepted [REDACTED] - 03/16/2026)

All insulin pens now have preprinted labels attached which indicates the "Date Opened" and "Date Expired". Each med tech can immediately check the expiration date of each pen. [REDACTED] Administrator, will check each

183e Storing Medications (continued)

week for expected expiration dates.

Administrator is responsible for fixing the problem.

On 2/2/26 preprinted "Date Opened" "Date Expired" labels were placed on each insulin pen.

On 2/2/26 each med tech was instructed on the use of the labels.

Med Techs checks the dates on each pen every day (started 2/2/26). Administrator, checks dates on each pen once a week as the ongoing compliance continues (started 2/2/26).

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented - 04/08/2026

187a - Medication Record

3. Requirements

2600.

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

8. Frequency of administration.

Description of Violation

Resident has an order for three times daily before meals per sliding scale. From to the home incorrectly documented the sliding scale insulin order on the Medication Administration Record (MAR) as twice daily before meals at 11:00 a.m. and 4:00 p.m.

Plan of Correction

Accept - 03/16/2026

Administrator, will review each resident's "after visit summary" for complete and understanding of all medication information. will contact the attending physician for clarification if there is a discrepancy of information between the physician orders and MAR information.

Administrator is responsible for fixing the problem.

2/6/26, Administrator, rechecked all residents' med lists with their e guthrie accounts for verification of meds and frequency of administration.

Since 2/6/26, Administrator, reviews each resident's "after visit summary" after the resident's medical appointments for any changes in medications, added medications, stopped medications, or referrals. For on going compliance, Administrator, will initial the after visit summary showing that the after visit summary has been reviewed.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented - 04/08/2026

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident [redacted] has an order for [redacted], three times daily before meals per sliding scale. On the following dates the home did not administer sliding scale insulin before breakfast: [redacted] at 5:59 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin, [redacted] at 6:00 a.m. the blood glucose reading was [redacted] requiring 6 units of insulin, [redacted] at 6:07 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin, [redacted] at 6:00 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin.

Repeat violation [redacted] et al, [redacted], et al [redacted], et al

Plan of Correction

Accept [redacted] - 03/16/2026)

[redacted] Administrator, will review each resident's "after visit summary" for complete and understanding of all medication information. If [redacted] has requested confirmation of information from the attending physician, [redacted] will check the resident's e-guthrie messages daily or call the attending physician's office for a response. This will eliminate the delay of any message responses.

[redacted] Administrator is responsible for fixing the problem.

2/6/26, [redacted] Administrator, rechecked all residents' med lists with their e-guthrie accounts for verification of meds and instructions for administration. After 2/6/26, as each physician's order comes into the Home, the order will immediately be reviewed for understanding. For on-going compliance, [redacted] Administrator, will immediately call the physician for clarification of any questionable order.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented [redacted] - 04/08/2026)

188b - Medication Error Reporting

5. 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 [redacted] has an order for [redacted] three times daily before meals per sliding scale. On the following dates the home did not administer sliding scale insulin before breakfast: [redacted] at 5:59 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin, [redacted] at 6:00 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin, [redacted] at 6:07 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin, [redacted] at 6:00 a.m. the blood glucose reading was [redacted] requiring [redacted] of insulin. The home did not immediately report the medication errors to the resident and the prescriber.

Plan of Correction

Accept [redacted] - 03/16/2026)

[redacted] Administrator, will be responsible for reporting medication errors to the prescriber. The staff reporting, the resident is asked to sign the Omission Report as the acknowledgement of the error, and the administrator. This report is then faxed to the prescriber. [redacted] Direct Caregiver, will review the MARs each day for any medications omitted to be sure that any omissions are reported to [redacted]

[redacted] Administrator is responsible for fixing the problem and monitoring compliance.

On 1/15/26, the medication error was reported to the Dept. by [redacted] Administrator.

188b Medication Error Reporting (continued)

2/16/26, Med Techs [REDACTED] or [REDACTED] will check all MARs for any medication errors (omissions, etc.) If an error is found, that med tech will complete a "Medication refusal/omission/error" form to be signed by the resident and faxed to the prescribing physician. [REDACTED] Administrator, will fax the form to the prescriber and complete an incident report to the Dept. For on going compliance, [REDACTED] Administrator will review all MARS and medication forms for missed information.

Licensee's Proposed Overall Completion Date: 03/10/2026

Implemented ([REDACTED] 04/08/2026)