

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

April 20, 2026

[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 02/20/2026, 02/26/2026, 03/17/2026, 03/18/2026 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 HEALTH CARE LTD License #: 22923 License Expiration: 10/01/2026
 Address: 453 SOUTH MAIN ROAD, MOUNTAIN TOP, PA 18707
 County: LUZERNE Region: NORTHEAST

Administrator

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

Legal Entity

Name: SMITH HEALTH CARE LTD
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 03/18/2026

Inspection Dates and Department Representative

02/20/2026 - On-Site: [REDACTED]
 02/26/2026 - Off-Site: [REDACTED]
 03/17/2026 - Off-Site: [REDACTED]
 03/18/2026 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 93 Residents Served: 40

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

02/20/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/28/2026

Inspections / Reviews (*continued*)

04/07/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/09/2026

04/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2026

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

The home implemented their emergency procedures on [redacted] when they started a fire watch due to their fire panel intermittently going off. The home did not report this to the Department until [redacted].

Resident [redacted] did not receive the prescribed [redacted] or [redacted] at 8:00 p.m., [redacted] at 8:00 a.m. and 8:00 p.m. and [redacted] at 8:00 a.m. The home did not notify the Department regarding the medication error.

Plan of Correction

Accept [redacted] - 04/07/2026)

The home acknowledges non-compliance on 2600.16c regarding Reportable Incidents not being submitted within the 24-hour window required for compliance. Effective immediately the Administrator or designee will review all incidents at the time of occurrence to determine if they are reportable and ensure submission to the department within 24 hours.

Fire watch was started on 2-11 out of precaution because Administrator was told all systems were working but to be on the safe side we did fire watch. on 2-12 the systems were down and fire watch continued and this was reported to the state on time.

The Administrator was notified on the 19th about the medication that was not available and a reportable was submitted on time. Administrator was not aware of the medication from the 18th so the reportable was sent in late. We have now gone to electronic mars so any issues can easily be seen and addressed. Administrator/RCC to run reports daily to ensure there are no issues,

If any issues are found, they will be addressed and reported to DHS by administrator in a timely manner as required. Administrator is responsible for compliance with the incident reports.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/20/2026)

130g Smoke Detector Repair

2. Requirements

2600.

130.g. If a smoke detector or fire alarm becomes inoperative, repair shall be completed within 48 hours of the time the detector or alarm was found to be inoperative.

Description of Violation

The home's fire alarm panel showed trouble on [redacted]. It was determined that the two sprinkler systems were showing trouble. On [redacted] one sprinkler system was repaired while the other one was "red tagged" as out of service and immediate corrective action was required. The sprinkler system and fire alarm systems were not repaired within 48 hours.

Plan of Correction

Accept [redacted] - 04/07/2026)

The home acknowledges the non-compliance with regulation 2600.130g. regarding inoperable fire alarm systems. If repairs cannot be completed within 48 hours the home will conduct a Firewatch (As we did and documented) that will remain implemented until the system is fully operational.

2-11 emergency call to Summit Fire for a leak in the sprinkler system needed to order parts: 2-11 call made to

130g Smoke Detector Repair (continued)

Beach lake to see if they could get faster parts:

2 13 summit replaced 4"drive valve a second valve would not reset Summit ordered another valve would take 2 to 3 days to get: 2 16 Summit in to replace , air leaks could be heard need additional work:2 17 an email was received they would be here on the 18th 7am: for inspection and get material list and quote:

2 20 proposal received for the work parts ordered: 2 23 received email due to weather they needed to delay until 2 25: 2 25Beach Lake arrived and completed their work. 2 26 Next Gen Security tested and monitored alarm and received at 1L41pm, The system had passed all evaluations, alarm testing, showing no signs of malfunctions and deemed to be in complete working order. All correspondence was sent to DHS with certifications.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/20/2026)

132c - Fire Drill Records

3. 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 conducted on [redacted] at 1:00 a.m. does not indicate exit routes used.

Plan of Correction

Accept ([redacted] - 04/07/2026)

The home acknowledges the non compliance with regulation 2600.132c regarding the fire drill record not being completed fully. Effective immediately all fire drills will be documented fully, including the specific exit routes used during each drill.

Staff responsible for conducting and documenting fire drills was the maintenance director who is no longer employed. on all required documentation elements.

The fire drills are completed by our fire safety person. The administrator will document all fire drill records to ensure completeness and compliance moving forward.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/20/2026)

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

Resident [redacted] was observed smoking outside in the parking lot at approximately 11:31 a.m. Th homes designated

144c1 Smoking Area Guidelines (continued)

smoking area is the gazebo.

Plan of Correction

Accept [redacted] - 04/07/2026)

The home acknowledges the non compliance with regulation 2600.144c regarding smoking area guidelines. Effective immediately, the resident has been re informed on the requirement to only smoke in the designated area that is located at the gazebo.

Staff have also been re educated to monitor resident smoking and redirect any resident that is observed smoking outside the designated area. The administrator or designee will conduct ongoing supervision and periodic checks to ensure ongoing compliance with regulations. Administrator is to ensure ongoing compliance. This is the only resident at the current time that smokes.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/20/2026)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident [redacted] did not receive the prescribed [redacted] on [redacted] at 8:00 p.m., [redacted] at 8:00 a.m. and 8:00 p.m. and [redacted] at 8:00 a.m.

Plan of Correction

Accept [redacted] - 04/07/2026)

The home acknowledges the non compliance with regulation 2600.187d regarding medications not being administered at the prescribed times. Effective immediately all medication will be given within the prescribed time windows in accordance with the physician's order.

Med Tech Staff have also been re educated on the importance of timely medication administration and proper documentation. The administrator or rcc will conduct ongoing audits of MAR's to ensure compliance and will address and discrepancies promptly.

We have now gone to electronic mars so any issues can easily be seen and addressed. Administrator/RCC to run reports daily to ensure there are no issues,

If any issues are found, they will be addressed and reported to DHS by administrator in a timely manner as required.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [redacted] - 04/20/2026)

188b - Medication Error Reporting

6. 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] did not receive the prescribed [redacted] on [redacted] at 8:00 p.m., [redacted] at 8:00 a.m. and 8:00 p.m. and [redacted] at 8:00 a.m. The home did not notify the prescriber regarding the medication error.

188b - Medication Error Reporting (continued)**Plan of Correction****Accepted [REDACTED] 04/07/2026)**

The home acknowledges the non-compliance with regulation 2600.188b. regarding failure to report a medication error to the prescriber. Effective Immediately, all medication errors will be promptly reported to the prescriber and documented as required.

Med Tech Staff have been re-educated on medication error reporting requirements. The administrator or designee will review and monitor MAR's to ensure errors are reported promptly to maintain compliance with regulation.

We have now gone to electronic mars so any issues can easily be seen and addressed. Administrator/RCC to run reports daily to ensure there are no issues,

If any issues are found, they will be addressed and reported to DHS by administrator in a timely manner as required.

Licensee's Proposed Overall Completion Date: 03/26/2026

Implemented [REDACTED] - 04/20/2026)