





Pennsylvania  
Department of Human Services

Emailing Date: May 12, 2026

[REDACTED]  
Smith's Personal Care Home  
47 Front Street  
PO Box 65  
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home  
License # 238780

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on March 17, 2026 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

April 27, 2026

DOLORES SHARER, OWNER  
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/17/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** SMITH'S PERSONAL CARE HOME      **License #:** 23878      **License Expiration:** 06/11/2026  
**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:** Dept L & I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 24      **Waking Staff:** 18

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Provisional      **Exit Conference Date:** 03/17/2026

## Inspection Dates and Department Representative

03/17/2026 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 34      **Residents Served:** 24

## 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:** 16  
**Diagnosed with Mental Illness:** 14      **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

03/17/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/10/2026

04/20/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/24/2026  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/27/2026

Inspections / Reviews (*continued*)

## 04/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 04/24/2026 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/26, for Resident #1 was not signed by the resident.

Plan of Correction

Accept [redacted] - 04/20/2026)

[redacted] Administrator, is responsible for completing the contract and continued compliance. Resident #1's signature was obtained on 3/17/2026. [redacted], Direct Caregivers, will review all new resident contracts for completion and on-going compliance.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented [redacted] - 04/24/2026)

105g - Lint Removal and Duct Cleaning

2. 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

At 9:29 a.m., there was an approximate 1/2-inch accumulation of lint in the lint trap of the dryer in room B1. There were no clothes in the dryer at the time.

Repeat violation: 10/28/25 et al

Plan of Correction

Accept [redacted] - 04/20/2026)

[redacted] Administrator, is responsible for compliance. On 3/17/26, lint was removed from the dryer. On 3/17-18/26 each staff member was reminded about removing the lint from the dryer, to remove the lint before removing the clothes. Every morning and throughout the day, [redacted], Direct Caregivers [redacted] and [redacted], Housekeeping, will check the dryer for lint removal for on-going compliance.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented [redacted] - 04/24/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #1's initial medical evaluation dated [REDACTED]/26 was incomplete and did not indicate if the resident's needs can be met safely at the personal care home, if the resident is nursing facility clinically eligible (NFCE), services to be provided at home or in a nursing facility or the residents' needs can not be met safely at the personal care home.

**Plan of Correction**

Accept [REDACTED] - 04/24/2026)

[REDACTED], Administrator, is responsible for monitoring on going compliance. 3/18/2026, Resident #1's DME was completed for the Medical Professional Information. Starting 4/23/26, [REDACTED], Administrator, [REDACTED], Direct Caregivers, will start to review all completed DMEs upon the completion of the DME by the doctors then initial at the bottom of page 4 for on going compliance of 141a 1 10.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [REDACTED] - 04/24/2026)

225c - Additional Assessment

**4. Requirements**

2600.  
 225.c. The resident shall have additional assessments as follows:  
 1. Annually.

**Description of Violation**

Resident #2's annual assessment dated [REDACTED]/25 did not include their allergies to oranges and strawberries.

**Plan of Correction**

Accept [REDACTED] - 04/20/2026)

[REDACTED], Administrator, is responsible for the completion of resident assessment and support plans. On 3/17/26, Resident #2's food allergies were added to her assessment and support plan. [REDACTED], Direct Caregiver, assisted [REDACTED] to review residents' assessment and support plans for allergies which may need to be added. [REDACTED] Direct Caregiver, will continue to assist [REDACTED] with assessment and support plans for continued compliance to make sure all allergies are included.

Licensee's Proposed Overall Completion Date: 04/10/2026

Implemented [REDACTED] 04/24/2026)