

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RUTH M. SMITH CENTER

LEGAL ENTITY

To operate RUTH M. SMITH CENTER

NAME OF FACILITY OR AGENCY

Located at BUILDING A 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 19  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 January 13, 2011 until January 13, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445950

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 03 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Wendy Curtin, Executive Director  
Ruth M. Smith Center  
Ruth M. Smith Center – Building A  
407 South Main Street, PO Box 576  
Sheffield, Pennsylvania 16347

Dear Ms. Curtin:

As a result of the Department of Public Welfare's licensing inspection on September 30, 2010, October 1, 2010 and December 13, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky".

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Wendy Curtin, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Wendy Curtin</i>	DATE <i>11-16-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Higgins (JHP)</i>	DATE <i>1-6-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's written policy on incident reporting did not address the investigation or management of reportable incidents.  <i>Wendy Curtin</i>  Adult Residential Licensing	<i>11-1-10</i>  <i>12-15-10</i>	<i>I received the written policy to include the investigation and management of reportable incidents.  The administrator will educate the staff on updated policy.</i>	<i>1-6-11 JHP</i>

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25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	The contract for the following residents who receive SSI: resident #1- dated 05/19/10, and resident #2 - dated 06/29/10, specifies that the resident will retain a personal needs allowance of \$60.00 per month. The current personal needs allowance is \$85.00 per month.  <i>Admission 11/19/10</i>  <i>Admission 11/29/10</i>  <i>Admission 12/14/10</i>  <i>Adult Residential Licensing</i>	11-6-10  10-2-10  12-14-10	<i>The contract <sup>for resident 2</sup> has been updated to reflect the current amount of \$85.00.</i> <i>Contract has been updated for all new admissions.</i> <i>all existing contracts will be updated to reflect the \$85.</i>	1-6-11 <i>JJP</i>



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25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The contract for resident #1 dated - 05/19/10 and resident #2 - dated 06/29/10, does not include a fee schedule of actual amounts charged for available services. For both residents, the contract indicates the monthly fee is: "SSI rate".  <i>Wendy Curtin</i>  Adult Residential Licensing	11-1-10	<i>Contract <sup>for resident #2</sup> have been corrected + future contracts do include exact fee. Administrator will review all files to ensure they include exact fee charged.</i>	1-6-11 <i>JJP</i>

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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person A, hired on 06/25/10, did not complete the Department's online direct care training course and pass the competency test until 07/21/10. Per staff person B, the administrator, staff person A did work unsupervised before completing the on-line course.  <i>Adult Residential Licensing</i>	11-1-10	<i>All staff will complete online direct care training course and pass exam before working unsupervised. Administrator will create new hire check list to ensure all files contain required documents.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>JJP</i>

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following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual	[Faint, illegible text]	[Faint, illegible text]	[Faint, illegible text]	[Faint, illegible text]

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assessment and support plan. (vii) Nutrition, food handling and sanitation. (vii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.				

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(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Adult Residential Licensing			

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the toilet cubicle on the right side in the shared resident bathroom for residents #3 and #4 does not have a lid.  Observed 10/01/10	11-1-10	<i>Trash can has been replaced with one with a lid. Supervisor will check weekly to make sure all have lids.</i>	1-6-11 <i>JJP</i>

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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	The emergency light in the first floor hallway between the staff office and shared resident bathroom was not operable. This area serves as one of the first floor egress/evacuation routes for the residents.  Observed 10/01/2010.	11-6-10	Battery has been replaced. Maintenance man will test & log monthly <del>also</del> to look for outages.  Documentation will be kept by maintenance staff. 1-6-11 JYP	1-6-11 JYP



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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the first floor staff room does not include a thermometer, scissors, or eye coverings.  Observed 09/30/2010.	11-1-10	Thermometer, scissors + eye coverings have been ordered from pharmacy. Will be placed in kits upon arrival. Supervisor will check weekly to ensure all required items are included.  Staff will be educated on required first aid kit items.	1-6-11 <i>JJP</i>
	Adult Residential Licensing	12-15-10		

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	There is no bedside table or shelf beside the bed for resident #5.  Observed 09/30/2010.  <i>Adult Residential Licensing</i>	11-1-10	<i>Resident 5 has a night stand. all residents will be provided night stands.  The administrator or designated staff person will inspect all bedrooms monthly to ensure a bedside table or shelf is provided for each resident. 1-6-11 JJP</i>	<i>1-6-11 JJP</i>

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Residents #5 and #6 do not have a source of light that can be turned on/off from bedside.  Observed 09/30/2010.	11-1-10    11-2-10	Residents 5 + 6 have been provided bed with lights. all residents will be provided bed with lights.  all resident rooms were checked by maintenance to see if each resident had bed with lights. Supervisor will check rooms weekly.	1-6-11 <i>JYP</i>
	Allegheny Region  West Pennsylvania Licensing			

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102e Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.	<p>There are two bathrooms in building A, each of which is shared by more than one resident. The two toilets in each bathroom have shower curtains hanging instead of doors at the entrance to each cubicle.</p> <p>Observed 09/30/2010.</p> <p>Repeated Violations: 11/30/2009</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">Western Region</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">Adult Residential Licensing</p>	12-31-10	<p><i>Accordion doors that reach the floor have been ordered + will be installed upon arrival.</i></p>	


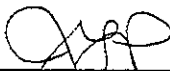


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105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	There was an excessive accumulation of lint of approximately 1/2 inch in the clothes dryer's exterior ductwork.  Observed 10/01/2010.	11-2-10	<i>Ductwork has been cleaned. Maintenance man will <del>do</del> start monthly inspection of duct work to prevent build up.</i>	1-6-11 <i>JJP</i>
	<i>North Region</i>			
	Adult Residential Licensing			

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107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.	Staff person B , the administrator, does not have a copy of the emergency preparedness plan for the local municipality.	11-1-10	<p>A copy of the Township emergency plan has been requested.</p> <p>EMA County Director contacted 12/15/10 to forward plan.</p>	
	<p>Wendy Carter</p> <p>Adult Residential Licensing</p>	1-30-11	<p>Administrator will obtain and review municipality's emergency preparedness plan. 1-6-11 JJP</p>	

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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures are not posted in a conspicuous and public place in the home.  <p style="text-align: center;">Western Region:</p>  <p style="text-align: center;">Adult Residential Licensing</p>	11-1-10	<i>Home emergency procedures are posted over the med cart area from the entrance in a public place. The supervisor will check that they are in place weekly!</i>	1-6-11 <i>JJP</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
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SIGNATURE OF LEGAL ENTITY <i>Wendy Curtis</i>	DATE 11-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 1-6-11

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Two paper shopping bags containing stuffed toy animals were found less than three feet from the furnace furthest from the door.  Observed 09/30/2010.	10-2-10	Bags were removed during inspection. Signs have been posted on furnaces to leave 3 feet of space on all sides.	1-6-11 <i>JJP</i>
	Western Region	12-15-10	Staff will be educated on combustibles near heat sources.	
	Adult Residential Licensing			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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130f Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.	The home's smoke detectors and fire alarms were not tested during 11/09 and 12/09.  <i>William P. ...</i>  <i>PA Residential Licensing</i>	10-2-10  12-15-10	<i>All smoke detectors and fire alarms have been tested with all fire drills since 12/09. all staff will be re-educated to ensure testing continues with each drill. Documentation of this education will be kept by the administrator.</i>	1-6-11 <i>JJP</i>

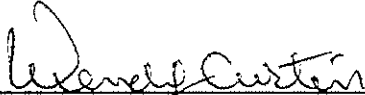
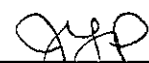


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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	<p>The home's fire drill record for the drills conducted in 01/10, 04/10, 06/10, and 08/10 does not include the exact time (AM/PM) that the drills were held.</p> <p>01/21/10 - 2:50 04/14/10 - 2:45 06/02/10 - 12:15 08/09/10 - 12:20</p> <p>The home's fire drill record for drills conducted in 02/10, 03/10, 05/10, 06/10, and 08/10 contains rounded times for evacuation times.</p> <p align="center"><i>Western Region</i></p> <p align="center"><i>Adult Residential License</i></p>	<p>11-1-10</p> <p>12-15-10</p>	<p>Fire drill logs will be marked with exact times. Not rounded numbers and include AM/PM.</p> <p>Staff will be educated on proper fire drill documentation.</p> <p>Since fire drills have been documented correctly.</p>	<p>1-6-11 <i>JJP</i></p>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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132e A fire drill shall be held during sleeping hours once every 6 months.	<p>The last drill conducted during sleeping hours was on 03/10/2010 at 11:45 PM.</p> <table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/21/2010</td><td></td><td>1 min 30 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/20/2010</td><td>07:00 PM</td><td>3 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/10/2010</td><td>11:45 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Apr</td><td>04/14/2010</td><td></td><td>1 min 20 sec</td><td>No</td></tr> <tr><td>May</td><td>05/04/2010</td><td>04:30 PM</td><td>1 min</td><td>No</td></tr> <tr><td>Jun</td><td>06/02/2010</td><td></td><td>2 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/05/2010</td><td>04:45 PM</td><td>1 min 43 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/09/2010</td><td></td><td>1 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/04/2010</td><td>12:53 PM</td><td>1 min 15 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/16/2009</td><td>12:10 AM</td><td>1 min</td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/21/2010		1 min 30 sec	No	Feb	02/20/2010	07:00 PM	3 min	No	Mar	03/10/2010	11:45 PM	2 min	No	Apr	04/14/2010		1 min 20 sec	No	May	05/04/2010	04:30 PM	1 min	No	Jun	06/02/2010		2 min	No	Jul	07/05/2010	04:45 PM	1 min 43 sec	No	Aug	08/09/2010		1 min	No	Sep	09/04/2010	12:53 PM	1 min 15 sec	No	Oct	10/16/2009	12:10 AM	1 min	No	Nov				No	Dec				No	<p>11-1-10</p> <p>12-15-10</p>	<p>The supervisor will mark fire drill log every 6 months as a reminder to do a sleeping hour fire drill.</p> <p>Staff will be educated on importance of sleeping hour drills.</p> <p>a sleeping hour fire drill was held 11-3-10. The next drill will be held prior to may 2011.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;"><i>[Signature]</i> Date 1-6-11 Initials (D.P.V.)</p>
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141a 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.	Resident #1, admitted 05/19/10, and resident #2 admitted 06/29/10, lack a completed medical evaluation.  <i>William P. Glick</i>  <i>Adult Residential License</i>	11-1-10	<p><i>all residents will have a completed <sup>signed dept. approved</sup> medical evaluation upon admission. Administrator will include in all admission packets. Administrator will update annually or in case of changes of condition. Resident 1 has been updated to dept. approved med eval. form.</i></p>	1-6-11 <i>JJP</i>

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143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's emergency medical plan does not include what hospital will be used or an emergency staffing plan.	11-1-10	The medical plan has been revised to include direction to appropriate hospital and emergency staffing plan. all staff will be educated on updated policy. Resident reserves right to choose hospital. Policy reflects this.	1-6-11 <i>JJP</i>

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's Ford van lacked eye coverings, scissors, thermometer, and a breathing shield.  The first aid kit in the home's Pontiac van lacked a thermometer.  Observed 10/01/2010.	11-1-10   11-8-10  12-15-10	Eye coverings, scissors, thermometer & breathing shield have been ordered & will be placed in kits upon arrival. Items have been put in place. Maintenance will check during vehicle checks. Staff will be educated on required first aid items	1-6-11 <i>JJP</i>

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191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1 and resident #2 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.  Repeated Violations: 11/30/2009  <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">Western Region</div> <div style="text-align: center; font-size: 1.2em; opacity: 0.5;">Adult Residential Licensing</div>	11-2-10	Resident rights have been updated. Residents <sup>1 and 2</sup> have been educated + documentation is in their files.  Revised resident rights to include right to refuse medication. Included in resident contracts. Files have been reviewed to ensure right was included.	Steps have been taken to correct violation; full compliance is not verifiable 1-6-11 Date: <i>[Signature]</i> Initials (DPW)

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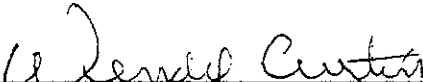

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187d The home shall follow the directions of the prescriber.	<p>The MAR for resident #3 indicates that the resident was not administered the prescribed medication-lamotrigine 150 mg tablet -take 1/2 tablet twice daily on the following dates/times as the medication was unavailable in the medication cart : 09/24/10-8 PM dose, 09/25/10 - 8:00AM and 8:00PM dose, 09/26/10 -8:00AM and 8:00PM dose, and 09/27/10 - 8:00AM dose.</p> <p>The MAR for resident #3 indicates that the resident is prescribed perphenazine -8 mg tablet -one tablet 4 times per day (8:00AM, 12:00 noon, 4:00PM, and 8:00PM). Upon inspecting the resident's medication card for this medication, it was determined that the resident's 10/01/10 - 12:00 noon dose had not been sent along with the resident to his/her day program for administration.</p> <p>Observed 10/01/10.</p>	11-1-10	<p>Pharmacy was unable to deliver proper supply of medication. Supervisor informed pharmacy when they became aware of shortage. now correct amount is provided for resident 3.</p> <p>An incident report was filed and responsible person was counseled on med. administration.</p> <p>administrator will do monthly MAR audit to ensure accuracy.</p> <p>Documentation will be kept.</p>	<p>has been taken to correct violation; full compliance is not verifiable</p> <p><i>JJP</i> Initials (DPW)</p>

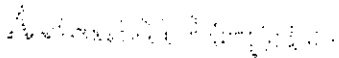
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Residents #1 and resident #2 's records do not include a photograph of the resident that is no more than two years old.  <div style="text-align: center; font-size: small; opacity: 0.5;">                         Violation Disposition                          Adult Residential Licensing                     </div>	11-2-10	photos have been taken and placed in MAR for resident 1 and 2. Future photos will be taken upon admission and then every two years. all resident photos were reviewed to ensure they were current.	1-6-11 <i>JJP</i>

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY  <i>Wendy Curtin</i>	DATE  10-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>JJP</i>	DATE  1-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Wendy Curtin</i>	DATE 11-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 1-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents	Adult Residential Licensing			

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE N. Mandock, J. Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Wendy Curtis</i>	DATE 4-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	[Faint illegible text]			

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER - Building A, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
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SIGNATURE OF LEGAL ENTITY  <i>Wendy Curtis</i>	DATE  11-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>[Signature]</i>	DATE  1-6-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Adult Residential License			