

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 C, 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

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 15
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 December 31, 2010 until December 31, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445980

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



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

ADULT RESIDENTIAL LICENSING

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

JAN 15 2011

Ms. Wendy Curtin, Executive Director
Ruth M. Smith Center, Building C
PO Box 576, 407 South Main Street
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 "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

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 C, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445980	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010; 10/01/2010		REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock	
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 11-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James R. Papp (KAP)</i>	DATE 12/20/10

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	11-2-10 12-15-10	<i>The written policy now addresses the investigation & management of reportable incidents. The administrator will educate the staff on 12-15-10 on policy update.</i>	<i>SKP 12/20/10</i>

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SIGNATURE OF LEGAL ENTITY <i>Wendy Curtin</i>	DATE 10-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SRP	DATE 12/20/10

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
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 following:	Staff person A, hired 6/25/10, did not complete the on-line direct care training course until 7/21/10. Staff person B, the administrator, stated that staff person A did work unsupervised before taking the on-line course. <i>Wendy Curtin</i> Adult Residential Licensing	10-1-10 12-16-10 10-2-10	all staff will complete the on-line direct care course before working unsupervised. Administrator will create new hire check list to assure all documents are in file before start date. all staff records have been reviewed for proper documentation by administrator.	Steps have been taken to correct violation; full compliance is not verifiable 12/20/10 SRP Date Initials (DPW)

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(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 assessment and	11/10/10 Adult Residential Licensing			

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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
support plan. (vii) Nutrition, food handling and sanitation. (viii) 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. (xiii) Universal	[Faint illegible text]	[Faint illegible text]	[Faint illegible text]	[Faint illegible text]

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SIGNATURE OF LEGAL ENTITY <i>Wendy Curtis</i>	DATE 11-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SLP</i>	DATE 12/20/10

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
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.				

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person C, hired 4/24/01, did not have annual training in 2009 in Fire Safety, Resident Rights, OAPSA, or Falls.	11-1-10 11-1-10	all staff will receive annual training for fire safety, Resident Rights, OAPSA, and fall prevention. Staff person C completed fire safety, resident rights, OAPSA or falls. Administrator will create training check list to assure all is completed will utilize online training.	<i>SJKP 12/20/10</i>

NOTE: Resident Rights

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	Adult Residential Licensing	10-2-10	Staff files were reviewed by administrator for completion.	

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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 second floor emergency light near the back staircase was not operable. This staircase is one of the evacuation routes for the second floor. Observed on 9/30/10.	11-1-10	<i>Batteries were replaced. monthly checks by maintenance will monitor emergency light batteries. Documentation will be kept by maintenance staff.</i>	<i>SAP 12/20/10</i>
Adult Residential Licensing				

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94b Interior stairs, exterior steps and ramps shall have nonskid surfaces.	The painted porch off of the main hallway did not have a non-skid surface and was slippery when walked upon. Observed 9/30/10.	11-2-10	<i>Non skid strips were placed on the porch and steps. maintenance will monitor for any change in condition.</i>	<i>SRP 12/20/10</i>

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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.	The home does not have a copy of the municipality's emergency management plan.	11-1-10 1/30/11	<p><i>a copy of the Township emergency management plan has been requested.</i></p> <p><i>EMA County Director [redacted] contacted 12/15/10 to forward plan.</i></p> <p><i>Administrator will obtain and review municipality's emergency preparedness plan.</i></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.	11-1-10	<p>The home's emergency procedures are posted</p> <p>by the main entrance building supervisor will check daily to ensure all required postings are in place.</p>	<i>SMP 12/20/10</i>

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127a Portable space heaters are prohibited.	The Administrator's office had a portable electric space heater on the floor. Observed 9/30/10.	9-30-10	<p style="text-align: center;"><i>Space heaters were removed at time of inspection. Administrator will ensure no space heaters are used in the home.</i></p>	<p style="text-align: center;"><i>Steps have been taken to correct violation; full compliance is not verifiable.</i></p> <p style="text-align: center;"><i>12/20/10</i> Date <i>SRP</i> Initials (DPW)</p>

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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher in the basement was last inspected in November of 2005. Observed 9/30/10.	11-30-10	<p><i>New extinguisher was placed in basement. Administrator will make inspector aware of extinguisher location.</i></p> <p><i>All fire extinguishers will be inspected annually.</i></p>	<i>SMP 12/20/10</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.	The home's fire drill record contains rounded times for several recent drills: September 9, 2010 - 3 min August 27th, 2010 - 1 min July 29, 2010 - 2 min June 19, 2010 - 2 min March 28, 2010 - 2 min <i>Adult Residential Licensing</i>	11-1-10 12-14-10	<i>all fire drills will record exact times. administrator identified staff who conducted the drills. They will be educated on proper fire drill documentation. Exact minutes & seconds were recorded on October & November fire drills & will continue to do so.</i>	<i>SAP 12/20/10</i>

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	<table border="1" 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>01/28/2010</td><td>01:00 AM</td><td>1 min 5 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2010</td><td>09:00 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/28/2010</td><td>02:00 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Apr</td><td>04/22/2010</td><td>03:05 AM</td><td>1 min 48 sec</td><td>No</td></tr> <tr><td>May</td><td>05/15/2010</td><td>10:45 AM</td><td>3 min</td><td>No</td></tr> <tr><td>Jun</td><td>06/16/2010</td><td>12:40 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2010</td><td>02:30 AM</td><td>2 min</td><td>No</td></tr> <tr><td>Aug</td><td>08/27/2010</td><td>02:35 PM</td><td>1 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/29/2010</td><td>03:15 AM</td><td>3 min</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></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	01/28/2010	01:00 AM	1 min 5 sec	No	Feb	02/10/2010	09:00 PM	2 min	No	Mar	03/28/2010	02:00 PM	2 min	No	Apr	04/22/2010	03:05 AM	1 min 48 sec	No	May	05/15/2010	10:45 AM	3 min	No	Jun	06/16/2010	12:40 PM	2 min	No	Jul	07/29/2010	02:30 AM	2 min	No	Aug	08/27/2010	02:35 PM	1 min	No	Sep	09/29/2010	03:15 AM	3 min	No	Oct				No	Nov				No	Dec				No			
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER Building C, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445980	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock	
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>Doreen Curtin</i>	DATE 11-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SMP</i>	DATE 12/20/10

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
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 address what hospital will be used or an emergency staffing plan.	11-1-10 12-15-10	<i>The homes emergency plan includes what hospital will be used and an emergency staffing plan. all staff will be educated on updated policy. Resident reserves the right to choose hospital. Policy reflects this.</i>	<i>SMP 12/20/10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER Building C, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445980	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/2/10		REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock	
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 10-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JRP</i>	DATE 12/20/10

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
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 did not contain scissors, a thermometer, eye coverings or a breathing shield. The first aid kit in the home's Pontiac van did not contain a thermometer. Observed 10/1/10.	11-1-10 11-8-10 12-14-10	Scissors, thermometer, eye coverings + breathing shields have been ordered from the pharmacy. They will be placed in kits upon arrival. above items were put in place. a list was placed on kits naming required items. all staff will be educated on required items in kits and kits maintained with check kits during vehicle checks,	Steps have been taken to correct violation; full compliance is not verifiable <i>12/20/10</i> Date <i>SM</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER Building C, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445980	
INSPECTION DATES (Include all dates of the inspection) 09/30/2010, 10/01/10		REGIONAL REPRESENTATIVE Jason Williams, Nancy Mandock	
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>Dorothy Curtis</i>	DATE 11-6-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SRLP</i>	DATE 12/20/10

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
183e 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.	The current vial of Lantus insulin 100 units/ML for resident #2 did not have the date it was opened marked. The current pen of Humalog 100 units/ML for resident #2 did not have the date it was opened marked. Observed 10/1/10.	11-1-10 12-14-10	All medications will be dated, indicating when opened. Supervisor will check insulin weekly to ensure no expired medication is present. Re-educate all staff on importance of dating upon opening. Checking & educating will be documented.	12/20/10 SRLP