

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 B, 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

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, 2012 until January 13, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445960

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

MAR 16 2012

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

Ms. Wendy Curtin, Director
Ruth M. Smith Center
Ruth M. Smith Center – Building B
P.O. 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 December 7, 2011 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,

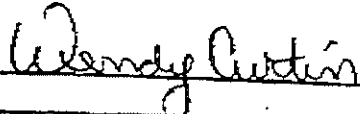
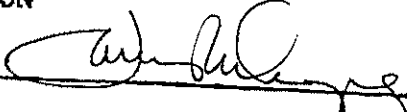
A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

Page 1 of 6

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347 BLDG. B		CURRENT LICENSE NUMBER 4459-60
INSPECTION DATES (include all dates of the inspection) 12/07/2011	REGIONAL REPRESENTATIVE D. McConnell, B. McAfee	
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 1-17-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 2/27/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
2065 Commingling of resident funds and home funds is prohibited.	The home deposits the checks of resident #1 into the home's business account, then pays the resident their personal needs allowance from this account, thereby commingling funds of the home and residents.	1-1-12 3/1/12	Administrators will open separate account for resident funds. They will remain separate from general fund.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>2/27/12</u> Initials (DPW) <u>[Signature]</u>

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JAN 20 2012

Western Field Office
 Adult Residential Licensing

P. 2/B

TO: 14125652840

8149683992

FROM: RUTH-SMITH CENTER

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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, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445960	
INSPECTION DATES (include all dates of the inspection) 12/07/2011		REGIONAL REPRESENTATIVE D. McConnell, B. McAfee	
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>Candy Curtis</i>	DATE 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/27/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	This last fire safety inspection by a fire safety expert was conducted on 10/28/09. RECEIVED JAN 9 2012 Western Field Office Adult Residential Licensing	1-1-12 By 3/31/12	Administrator will ensure an annual fire inspection is done & signed by Fire Chief. 2010 was done but unsigned by chief. Fire drill completed 8/30/11 by fire chief. Administrator will obtain fire inspection documentation from fire chief from 8/30/11 or will obtain a new fire inspection by a fire safety expert.	Steps have been taken to correct violation; full compliance is not verified. 2/22/12 Date Initials (DPI):

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

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NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M. SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445960	
INSPECTION DATES (Include all dates of the inspection) 12/07/2011		REGIONAL REPRESENTATIVE D. McConnell, B. McAfee	
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 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/27/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a The medical evaluation shall 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	The medical evaluation for resident #2, dated 8/20/11, indicates see attachment for medication information. The attachment is not signed by the physician. RECEIVED	1-1-12 3/31/12	<i>Building Duplication</i> <i>will ensure medication list will be attached to med rec. Med list will be signed by the physician.</i> <i>Medication information for resident 2 will be obtained from resident's physician and list will be signed.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: <i>2/27/12</i> Initials (DPW): <i>[Signature]</i>

Western Field Office
 Adult Residential Licensing

P. 4/8

TO: 14125652840

8149683992

FROM: RUTH-SMITH CENTER

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

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NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445960	
INSPECTION DATES (include all dates of the inspection) 12/07/2011		REGIONAL REPRESENTATIVE D. McConnell, B. McAfee	
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 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/22/12

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
History. (7) Medication regimen, contraindications, 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.	RECEIVED			

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 Adult Residential Licensing

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

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NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M. SMITH CENTER, 467 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445960	
INSPECTION DATES (include all dates of the inspection) 12/07/2011		REGIONAL REPRESENTATIVE D. McConnell, B. McAfee	
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 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jm</i>	DATE 2/27/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #2, dated 7/19/11, does not address the diagnosis of HBP as indicated on the medical evaluation dated 6/20/11.	1-1-12 By 3/31/12	Building Supervisor will ensure all big diagnoses are listed on resident medication. All resident assessments will be reviewed to ensure they are complete and include all diagnoses. Assessment for resident #2 updated to include HBP diagnosis.	<i>Jm</i> 2/27/12

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P. 778
 TO: 14125652840
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VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M. SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445960	
INSPECTION DATES (Include all dates of the inspection) 12/07/2011		REGIONAL REPRESENTATIVE D. McConnell, H. McAfee	
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 Austin</i>	DATE 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J</i>	DATE 2/22/12

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The support plan for resident #3, dated 7/10/11, does not address the resident's dementia and wandering issues indicated in the resident's assessment dated 7/10/11.	1-1-12	Administrator will ensure all support plans reflect all information from med. eval. Support plans will reflect any changes. The support plan for resident updated to include dementia and wandering. All support plans will be reviewed by the administrator to ensure they are complete.	<i>J</i> 2/22/12

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J 2-22-12

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