

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

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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 January 1, 2012 until January 1, 2013,
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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

FEB 27 2012

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Wendy Curtin, Director
Ruth M. Smith Center
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 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'.

Ronald Melusky
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, 437 SOUTH MAIN STREET SHEFFIELD, PA 16347 BLDG C		CURRENT LICENSE NUMBER 445980
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 1-12-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 1/31/12

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 ensure 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 residents #1 and #2 into the home's business account, then pays the residents their personal needs allowance from this account, thereby commingling funds of the home and residents.	1-1-12	Administrators will open separate account for resident funds. Resident funds will not be deposited in general fund.	Steps have been taken to correct violation; full compliance is not verifiable 1/24/12 Date <i>[Signature]</i> initials (DPW)

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Western Field Office
Adult Residential Licensing

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 445980	
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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	The home does not have a current certificate of rabies vaccination for the home's cat, Patches.	2-1-12	Administrator will call and have current rabies certificate. 1-24-12 9:00 am	<i>[Signature]</i> 1/31/12

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P. 3/11

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 445980	
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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.	The last fire safety inspection by a fire safety expert was conducted on 10/28/09.	1-1-12	Administrator will ensure annual fire safety inspections is done and signed by Chief. 2010 was done but unsigned. Administrator will contact fire chief who performed fire safety inspection and request another inspection report	Steps have been taken to correct violation, full compliance not verifiable <i>[Signature]</i> Date

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Western Field Office
Adult Residential Licensing

from 2010 that is signed.
Fire safety inspections will be completed annually by a fire safety expert. *J. M. H/3/12*

P. 4/11

TO: 14125652840

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FROM: RUTH-SMITH CENTER

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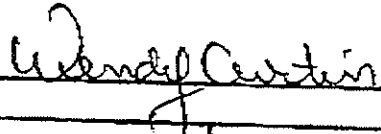

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area is located on the side porch which is in the direct pathway of the entrance to the home.	1-1-12	Smoking area has been removed, smokers will go to other designated locations, away from common walkways and exits.	
	RECEIVED JAN 20 2012 Western Field Office Adult Community Licensing	2/7/12	All residents and visitors educated on changes to smoking policy Administrator to ensure that smoking policy is updated and	JW

all residents + staff use new smoking area.
 Jan 1-31-12

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TO: 14125652840

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2609

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REGULATION 55 Pa. Code §2609	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
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 #3 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	1-1-12	Administrators had updated resident rights to include right to refuse. Resident 3 has been educated.	<i>[Signature]</i> 1/31/12

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Residential Lic

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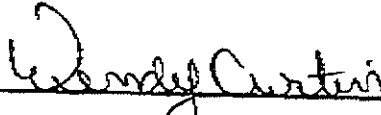

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #3, admitted 5/6/11, was not dated. <div style="text-align: center;"> RECEIVED JAN 20 2012 Western Field Center Residential Lic </div>	1-1-12	Administrator will renew all pre-admission screens and signed dated, at the time of completion. J 1/31/12	 1/31/12

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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 #4, dated 12/3/10, does not address the resident's use of hospice services that began on 9/14/11. RECEIVED JAN 20 2012 Western Field Office Pennsylvania Residential Licensing	1-1-12 By 2/28/12	Administrator will update assessments to reflect changes in Resident's condition or care. Resident 4 has been updated. Administrator will review the assessments of all residents to ensure they list the current status of each resident. <i>[Signature]</i> 1/31/12	<i>[Signature]</i> 1/31/12

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan for resident #4, dated 12/3/10, does not address the resident's use of hospice services which began on 9/14/11.	1-1-12 By 2/29/12	Administrator will ensure support plans reflect changes in resident + care. Resident 4 has been updated. Administrator will review support plans for all residents to ensure they are complete and include all services the resident is receiving.	<i>[Signature]</i> 1/31/12

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Adult Residential Lic.

[Signature] 1/31/12

P. 9/11

TO: 1412552840

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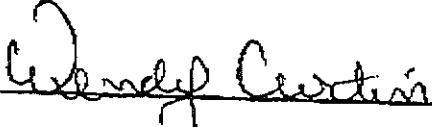

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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	The pre-admission screening form for resident #3 was not signed by a representative of the home.	1-1-12	Administrator will ensure all pre-admission screens are signed & dated.	 1/31/12

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Adult Residential Lic.

P. 10/11

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