

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

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 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: 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

PHONE: (717) 783-3670

FAX: (717) 783-5662

MAR 16 2012

Ms. Wendy Curtin, Director
Ruth M. Smith Center
Ruth M. Smith Center – Building A
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 8, 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'.

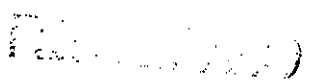
Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 53 Pa. Code Chapter 2600

Page 1 of 1

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 497 SOUTH MAIN STREET SHEFFIELD, PA 16347 BLDG A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>L. Jerry Curtis</i>		DATE 1-17-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 2/7/12	

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	All resident funds will be kept in a separate account. They will not be co-mingled in general fund. Administrator will open separate account.	
	 Western Field Office Adult Residential Licensing	3/1/12		Steps have been taken to correct violation; full compliance is not verifiable. Date <u>2/7/12</u> Initials <u>[Signature]</u>

P. 2/12

TO: 14125652840

8149683992

FROM: RUTH-SMITH CENTER

JAN-20-2012 00:37

01/19/2012 11:42 54125652840

PAGE 04/35

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

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 497 SOUTH MAIN STREET SHEFFIELD, PA 16347		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 1-17-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</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
25e1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person, if any, prior to signature.	Resident #2, admitted 10/1/11, does not have a resident-home contract completed. RECEIVED Western Field Office Adult Residential Licensing	1-1-12	all residents will have a completed resident contract prior to admission. Resident 2 has a contract in place. administrator will see all contracts are complete.	<i>DM</i> 2/27/12

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 BLDG. A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 1-17-12	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
25b 25b - 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.	The contract for resident #3 was not signed by the resident.	1-17-12	All resident contracts from this point on will be signed by the resident prior to admission. Resident 3 has signed the contract. Administrator will ensure all are signed.	<i>[Signature]</i> 2/27/12

RECEIVED

JAN 20 2012

Western Field Office
 Adult Residential Licensing

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

Page 4 of 11

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347		Bldg. A	CURRENT LICENSE NUMBER 445950
INSPECTION DATES (include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 Carter</i>	DATE 1-17-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jr</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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. RECEIVED	1-1-12	admission contract now includes resident rights all residents will be educated upon admission and sign. Resident 3 has updated resident rights & has been educated. administrator will remove completion.	<i>Jr</i> 2/27/12

Western Field Office
Adult Residential Licensing

P. 5/12

TO: 14125652840

B149683992

FROM: RUTH-SMITH CENTER

JAN-20-2012 00:38

01/19/2012 11:42 94125652840

PAGE 07/35

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 BUDG.A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 1-17-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ju</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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Clorox Cleanup Wipes and Easy-Off Oven Cleaner, with manufacturers' labels indicating "call poison control or doctor and seek medical attention" were unlocked and accessible to residents in the kitchen cupboard. Residents of the home have not been assessed as capable of recognizing and using poisons safely.	12-8-11	Products have been removed. All products indicating "call poison control or doctor" will be kept locked up at all times. Building supervisors will be responsible. All staff will be educated on keeping poisonous materials locked. Staff, daily and on each shift will check that all poisonous materials are locked.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/22/12 Initials: (DPIW)
RECEIVED		3/31/12		
Western Field Office Adult Residential Licensing		3/31/12		

3/31/12 The administrator will monitor home for poisonous materials weekly.
Ju 2/22/12

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 BLDG. A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 1-17-12	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.	The last fire safety inspection by a fire safety expert was conducted on 10/29/09.	1-1-12	<p>Fire inspections will be conducted annually and signed by fire Chief.</p> <p>Inspection was done in 2010, however the Chief never signed.</p> <p>Administrator will ensure inspection is completed and signed.</p> <p>Fire drill conducted 8/2011. Administrator will</p>	<p>Steps have been taken to correct violation. Full compliance is not verifiable</p> <p>2/27/12 Date Initials (DPW)</p>

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Western Field Office
Adult Residential Licensing

3/31/12

Obtain documentation from Fire Chief that inspection was completed at that time or will schedule and obtain a new fire inspection by a fire safety expert. [Signature]

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

Page 7 of 17

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347 <i>BLOOM</i>		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>J</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 9/29/11, indicates "see attachment for medication information." There is no attachment. RECEIVED	1-1-12 <i>Ang</i> 3/31/12	<i>Building supervisor will see what med lists are attached to all med. evaluations. Resident 2 now has one. Administration will review all medical evaluations of current residents to ensure that all are complete and include a medication list from physician.</i>	<i>J</i> 2/22/12

Western Field Office
 Adult Residential Licensing

J Curtis

P. 8/12

TO: 14125652840

8149683992

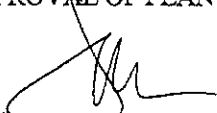
FROM: RUTH-SMITH CENTER

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PAGE 10/35

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 445950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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	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
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.				

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

Page 7 of 17

P. 9/12

TO: 14125652840

8149683992

FROM: RUTH-SMITH CENTER

JAN-20-2012 00:39

01/18/2012 11:42 94125652840

PAGE 11/25

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347 BLDG. A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 12/02/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 Carter</i>	DATE 1-17-12	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
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	administrator updated resident rights to include right to refuse medication. Resident 3 has been educated.	<i>[Signature]</i> 2/27/12

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Western Field Office
 Adult Residential Licensing

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

Page 14 of 11

NAME AND ADDRESS OF PERSONAL CARE HOME RUTH M SMITH CENTER, 407 SOUTH MAIN STREET SHEFFIELD, PA 16347 BLDG. A		CURRENT LICENSE NUMBER 445930	
INSPECTION DATES (include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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>J</i>	DATE 2/07/12

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
225e A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The assessment for resident #2, dated 10/5/11, does not list the diagnoses of Hypercholesterol, hypertension, MR and depression as indicated on the medical evaluation dated 9/29/11.</p> <p>The assessment for resident #3, dated 8/28/11, does not list the diagnoses of depression and ADHD as indicated on the medical evaluation dated 8/3/11.</p> <p align="center">RECEIVED</p>	<p>1-1-12</p> <p><i>Ang 3/31/12</i></p>	<p>Supervisor will ensure all future medical evaluations list all diagnoses of residents.</p> <p>Administrator will review the assessments of all residents to ensure they are complete and include all diagnoses. Assessments for residents #2 and #3 updated.</p> <p><i>J 2/22/12</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>2/22/12</i> Date</p> <p><i>DPW</i></p>

Western Field Office
 Adult Residential Licensing

P. 10/12

TO: 14125652840

8149683992

FROM: RUTH-SMITH CENTER

JAN-20-2012 00:39

01/10/2012 11:42 94125652840

PAGE 12/35

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 B.D.S.A		CURRENT LICENSE NUMBER 445950	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE D. McConnell	
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 Carter</i>	DATE 1-1-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jr</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
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	<p>Resident #2 was admitted to the home on 10/1/11. The support plan, dated 10/5/11, does not address the resident's diabetic diet, depression or issues of impairment in judgement as indicated on the assessment dated 10/5/11.</p> <p>Resident #3 was admitted to the home on 9/22/11. The support plan, dated 9/28/11, does not address the resident's communication impairment, problems with aggression, judgement, anxiety, agitation, and depression as indicated on the assessment dated 9/29/11, or the resident's court-ordered probation.</p>	<p>1-1-12</p> <p>1-1-12</p>	<p>Administrator will ensure all future support plans will coincide with current med. evaluations. Identified residents' support plans updated to include missing information. Administrator will review all residents' support plans to ensure they are complete and address all resident needs and services.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>2/22/12</u> Initials (DPW)</p>

RECEIVED

Western Field Office
Adult Residential Licensing

Jr 2/22/12