

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 10  
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, 2013 until January 13, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445950

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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 03 2013

Ms. Kimberly G. Adams, Administrator  
Ruth M. Smith Center  
Ruth M. Smith Center – Building A  
P.O. Box 576, 407 South Main Street  
Sheffield, Pennsylvania 16347

Dear Ms. Adams:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 18, 2012 and October 19, 2012 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 Human Services 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 'Ronald Melusky', with a horizontal line extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

**RECEIVED**

PCH Name: Ruth Smith Center Building A		License Number: 445950
Address: 407 South Main Street, Sheffield, PA 16347		DEC 17 2012 County: Warren
Administrator: Kimberly Adams		Region: WEST
Legal Entity Name: Ruth Smith Center		Western Field Office Adult Residential Licensing
Legal Entity Address: P.O. Box 576, Sheffield, PA 16347		
<b>Certificate(s) of Occupancy</b> LPCH 11/25/1993 L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 8                      Waking Staff: 6		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal, Indicator		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/18/2012: Marini, Michael; Williams, Jason 10/19/2012: Marini, Michael; Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 11/28/2012: Marini, Michael		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 10 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1, admitted 12-2-11, did not have a resident-home contract.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Resident 1 signed agreement on 10/19/2012 -  
 Checklist now includes signature check for  
 new residents to help prevent future  
 errors.  
 The Administrator will be responsible.*

*[Signature]*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011	
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>KIMBERLY G. ADAMS</i>	Date <i>12/11/12</i>
--	----------------------

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12  
 (Date)

Plan of correction implementation status as of 12-18-12  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 1 signed a statement that he received a copy of the Residents' Rights and Complaint procedures on 10/22/12.

New Admissions Checklist updated to include check for receipt of rights and complaint procedures as well as reviewing/educating resident.

Administrator is responsible person.

(see also attachment page 19)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/08/2011

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kimberly G. Adams

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KIMBERLY G. ADAMS

Date

12/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12-18-12  
(Date)

Plan of correction implementation status as of

12-18-12  
(Date)

The above plan of correction was approved by

KAP  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

DEC 17 2012

PCH Name: Ruth Smith Center Building A

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, was hired on April 9, 2012. Staff person A's criminal history background check was completed on 10-6-09.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Administrator misplaced criminal history background check has been replaced pre-issued as of 11/28/12.

The New Employee Checklist includes record checks for PA and FBI (if needed) criminal histories.

The Office Manager will be responsible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Kimberly G. Adams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

KIMBERLY G. ADAMS

Date 12/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12 (Date)

Plan of correction implementation status as of 12-18-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Western Field Office

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff persons B and C did not have high school diplomas, GED diplomas, or active registration status on the Pennsylvania nurse aide registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Proof of High School diplomas received from direct care staff persons B & C.*

*New Employee Checklist updated to include proof of education.*

*Office Manager responsible.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Kimberly J. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

*KIMBERLY G. ADAMS*

Date

*12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

*12-18-12*  
(Date)

Plan of correction implementation status as of

*12-18-12*  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*ASP*  
(Initials)

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person B, a direct care worker whose first day of work was 8-9-12, did not receive orientation in the required topics.

Staff person C, a direct care worker whose first day of work was 7-2-12, did not receive orientation in the required topics.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct care worker's C paperwork for training has been completed. Papers had been misplaced and not fully completed though training was done.

New Employee Checklist updated to include training log to be placed in file. Dates adjusted to separate hire date - training - first shift alone.

Bldg supervisor's and Administrator responsible.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KIMBERLY G. ADAMS Date 12/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12 (Date)

Plan of correction implementation status as of 12-18-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Western Field Office  
Adult Protective Licensing

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person C, a direct care worker whose first day of work was 7-2-12, did not receive orientation in the required topics.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Employee has been trained.  
New Employee Checklist dates changed to  
reflect hire date, training dates, first solo shift date.  
Employee supervisor responsible and Administrator.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12  
(Date)

The above plan of correction was approved by *AKO*  
(Initials)

Plan of correction implementation status as of 12-18-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

**Violation Report:** 44595 - 10/18/2012 - Marini, Michael  
**PCH Name:** Ruth Smith Center Building A

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(d) - 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:

- (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 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 precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**RECEIVED**

DEC 17 2012

Western Field Office  
 Adult Residential Licensing

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff person B, hired on 8-9-12, and direct care staff person C, hired on 7-2-12, provide unsupervised ADL services. These staff persons did not complete the online direct care training.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Staff persons B & C to complete on-line Direct Care Training and certificates (copies) will be sent to DPW by Dec. 21, 2012.  
 New Employee Checklist updated to include all parts of 65(d).  
 Building Supervisors and Administrator responsible.*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative - *Kimberly G. Adams*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative: **KIMBERLY G. ADAMS**      Date: *12/11/12*  
 (Required on EVERY Page)

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>12-18-12</u> (Date)	Plan of correction implementation status as of <u>12-18-12</u> (Date)
The above plan of correction was approved by <u><i>JSP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

DEC 17 2012

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The home did not have training records for training year January to December 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Unable to find previous record.  
Training plan developed and records will  
be kept using DPW form.  
Responsible person - Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/11/12*

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The above plan of correction was approved by <u>ASP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building A

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

DEC 17 2012

2a. DESCRIPTION OF VIOLATION  
 The home did not have a staff training plan.

Western Field Office  
 Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Unable to find 2011 training record.  
 2012 training record completed. Plan will  
 be developed for 2013 during 1<sup>st</sup> month of  
 the year.  
 Administrator responsible

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *KIMBERLY J. Adams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KIMBERLY G. ADAMS*      Date *12/11/12*

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The above plan of correction was approved by <u><i>JAP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

1. REGULATION 55 Pa.Code §2600

DEC 17 2012

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The bed to the left of the door in resident 1's room and the bed closest to the door in resident 2's room did not have a source of light that could be turned on and off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The bulb was replaced in resident 2's lamp and resident 1's lamp was plugged in.

Task sheets updated to include checking lamps to ensure they are properly working.

Building supervisors

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KIMBERLY G. ADAMS**      Date *12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12  
(Date)

Plan of correction implementation status as of 12-18-12  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Western Field Office

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There was a 1 inch layer of dryer lint in the outside dryer vent.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Lint was cleaned from the dryer vent on duct*

*10/19/12.*

*Weekly check of dryer vent ducts added to maintenance task sheet.*

*Responsible persons - maintenance person.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

*KIMBERLY G. ADAMS*

Date

*12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

12-18-12  
(Date)

Plan of correction implementation status as of

12-18-12  
(Date)

The above plan of correction was approved by

QHP  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, did not have the local municipality's emergency preparedness plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Emergency Preparedness Plan obtained from the town office on Oct. 19, 2012.*

*Plan will be kept on file.*

*Responsible persons - Administrator and Office Manager.*

*A copy of the township's emergency preparedness plan will be posted in a public and conspicuous place in the home. 12-18-12 JGP*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KIMBERLY G. ADAMS*      Date *12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12 (Date)

Plan of correction implementation status as of 12-18-12 (Date)

The above plan of correction was approved by JGP (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Western Field Office  
Administrative Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10-18-12, the home had 8 residents, but only 3.5 gallons of emergency drinking water.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*Additional water obtained on 10/29/12 to make 90 gallons of water.*

*Water will be obtained Annually to ensure 13 gallons per person for three days. Administrator responsible.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

*KIMBERLY G. ADAMS*

Date

*12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-18-12  
(Date)

Plan of correction implementation status as of 12-18-12  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*GA*  
(Initials)

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building A

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

DEC 17 2012

2a. DESCRIPTION OF VIOLATION

The home did not have documentation of the last annual furnace inspection.

Western Field Office  
 Adult Residential Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*The furnaces were cleaned on 11/24/2012.  
 Annual cleaning added to maintenance checklist.  
 Maintenance person and Administrator responsible.*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *KIMBERLY G. ADAMS*

Date *12/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-18-12</u> (Date)	Plan of correction implementation status as of <u>12-18-12</u> (Date)
The above plan of correction was approved by <u><i>KAP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

**1. REGULATION 55 Pa.Code §2600**

2600.132(b) - 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.

RECEIVED

DEC 17 2012

**2a. DESCRIPTION OF VIOLATION**

The last fire drill observed by a fire safety expert was conducted on 8-30-11.

Western Field Office  
Adult Protective Licensing

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*A fire safety inspection and fire drills conducted on 10/23/12.*

*Inspections will be completed annually and added to maintenance checklist.*

*Maintenance person and Administrator responsible.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/08/2011
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>KIMBERLY G. ADAMS</i>	<i>12/11/12</i>

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The above plan of correction was approved by <u><i>ASP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

Western Field Office

2a. DESCRIPTION OF VIOLATION

The home provides transportation to residents. The vehicle's first aid kit did not have a thermometer, a breathing shield, an antiseptic, or an eye cover.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The missing items, thermometer, breathing shield, antiseptic and eye covers have been added to the first aid kit in the van.

Van first aid kit inspections will be added to monthly inspection checklist.

Maintenance person and Administrator responsible.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Kimberly J. Adams

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

KIMBERLY G. ADAMS

Date

12/11/12

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12-18-12 (Date)

Plan of correction implementation status as of

12-18-12 (Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature] (Initials)

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

DEC 17 2012

Western Field Office  
State Department of Licensing

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident 3 had an order for Simvastatin 20 mg 1 tablet by mouth three times daily. The October 2012 medication administration record for this medication did not indicate the diagnosis or purpose for this medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*The MAR was corrected 10/19/12. Staff will check medications when delivered to ensure they indicate diagnosis and purpose. Check has been added to task sheets. Building supervisors will coordinate.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KIMBERLY G. ADAMS

Date

12/11/12

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12-18-12  
(Date)

Plan of correction implementation status as of

12-18-12  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael  
PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Western Field Office  
Professional Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1 was not educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident 1 was re-educated to his right to refuse medication on 10/22/12.  
New Resident checklist updated to include signature and date for medication refusal and all rights.  
Bldg. supervisor and Administrator responsible.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/08/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KIMBERLY G. ADAMS*      Date *12/11/12*

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Plan of correction implementation status as of 12-18-12 (Date)

The above plan of correction was approved by [Signature] (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building A

DEC 17 2012

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

Western Field Office  
Professional Licensing

2a. DESCRIPTION OF VIOLATION

The staff person who completed resident 1's assessment dated 12-10-11 failed to sign it.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

New resident assessments will be signed by all persons participating.

New resident checklist will be updated to ensure compliance.

Bldg. supervisor and Administrator.

(see attachment pg. 3)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kimberly G. Adams

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KIMBERLY G. ADAMS

Date

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(Date)

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(Initials)

Plan of correction implementation status as of 12-18-12  
(Date)

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- Not Implemented