

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

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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 January 31, 2013 until January 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 445960

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.



JAN 3 1 2013

Ms. Kimberly G. Adams, Administrator
Ruth M. Smith Center
Building B
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 "R. Melusky", is written above the typed name.

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

1. REGULATION 55 Pa.Code §2600

2600.25(a)(2) - The administrator or a designee shall complete the contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

DEC 26 2012

2a. DESCRIPTION OF VIOLATION

Resident 1 was admitted to the home on 10-2-2012. The administrator did not review the contract with resident 1 and resident 1 did not sign the contract until 10-4-2012.

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.

Our New Resident ^{checklist} contract has been updated to include a signature sheet after review and discussion of the PCH Agreement on or before the day of arrival. Administrator is 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 **12/20/12**

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

The above plan of correction is approved as of 1-7-13
 (Date)

Plan of correction implementation status as of 1-7-13
 (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: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

2600.25(b) - 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.
 Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The administrator and resident 1's representative payee did not sign resident 1's 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.

*Our New Resident checklist has been updated to include signatures of residents and rep payees on or before the date of admission.
 Administrator responsible.*

*Resident #1's contract is now signed by the administrator and the payee.
 1-7-13 gsp*

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 *12/20/12*

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 (Date)

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

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 2012

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's misplaced criminal record check has been re-issued as of 11/28/12.

The New Employee Checklist includes PA and FBI criminal record checks.

The Office Manager will be responsible.

2-15-13 The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation will be kept.

1-7-13 GJP

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

12/20/12

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1-7-13
(Date)

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1-7-13
(Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by

GJP
(Initials)

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

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

Western Field Office

Van Buren nurse aide registry.

- (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.

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^{and GED's} received from direct care staff persons B & C.

New Employee Checklist updated to include proof of education.

Office Manager responsible.

2-15-13 The administrator will review all current staff records to ensure all staff persons meet the qualifications. 1-7-13 JAO

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *12/20/12*

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The above plan of correction was approved by <u>JAO</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: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

RECEIVED

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:

DEC 26 2012

- (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.

Western Field Office
 Adult Protective Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person B, a direct care worker whose first day of work was 8-9-12, and staff person C, a direct care worker whose first day of work was 7-2-12, did not receive orientation on 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. 2-15-13 The administrator will review all staff persons training records to ensure all staff persons have completed the required training of regulations 5600.65A, B, C, 1-7-13 GSP

Direct Care workers' paperwork for training has been completed. Papers had been misplaced and not fully filled out though training was done.

New Employee checklist updated to include training log to be placed in file. Dates have been adjusted to separate hire date, training and first independent shift.

Bldg. supervisors and 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 *12/20/12*

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Violation Report: 44596 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building B

DEC 26 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 Facility 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 on 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 have been
changed to reflect hire date, training dates
and first independent shift date.*

*Bldg. supervisors and Administrator
responsible!*

*2-15-13 the administrator will review all staff person
training records to ensure all staff personnel have
completed the required training of regulation 2600.65b.
JHP 1-7-13*

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 *12/20/12*

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(Date)

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(Initials)

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

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.

Western Field Office
 1000 North 10th Street
 Harrisburg, PA 17102-1000
 Tel: 717-732-1000
 Fax: 717-732-1001
 Email: wfo@pa.gov

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.

015-13 the administrator used review all staff persons training records to ensure all staff persons have completed the required training of 2600.65(d) including the on-line direct care training. 1-7-13 JSP

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 have completed on-line direct care training which includes all parts of 2600.65(d). New Employee checklist updated to include on-line training. Bldg. Supervisors and 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 *12/20/12*

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The above plan of correction was approved by <u>JSP</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: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

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.

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.
 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 *12/20/12*

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Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 2012

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

Western Field Office
Adult Residential Licensing

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

Unable to find 2011 training record.
2012 training record completed. Plan will be developed for 2013 during 1st month of the year.

Administrator responsible.

The administrator will develop and implement a 2013 and an annual staff training plan thereafter that includes all of the required information in regulation 2600.66a and the required training for regulation 2600.65g. Documentation will be kept for inspectors review. 1-7-13 JJP

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 *12/20/12*

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- Not Implemented

RECEIVED

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

DEC 26 2012

2a. DESCRIPTION OF VIOLATION
 There were no thermometers in the kitchen refrigerator.

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 thermometers were in the refrigerator, but not in a conspicuous place. Staff has been shown where thermometers are hanging. Direct care staff will check periodically to see that thermometers are in place and working properly. Bldg supervisors and direct care staff 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 **12/20/12**

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Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 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
12/26/2012 1:53:18 PM

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 municipalities emergency preparedness plan will be posted in a public and conspicuous place in the home. 1-1-13 JJP

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/20/12*

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Violation Report: 44596 - 10/18/2012 - Marini, Michael
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DEC 26 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
for Residents Accounting

2a. DESCRIPTION OF VIOLATION

On 10-18-12 the home had 5 residents. The home had 3.5 gallons of emergency drinking water on site and no contract with a local bottled water supplier.

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 equal 90 gallons of water.

Water will be replaced annually to ensure 1 gallon per person per day for three days.

Administrator and cook responsible.

2-15-13

The administrator will monitor the water supply of the home monthly to ensure the water is not expired. 1-7-13 JSP

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 J. ADAMS Date 12/20/12

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44596 - 10/18/2012 - Marin, Michael
 PCH Name: Ruth Smith Center Building B DEC 26 2012

1. REGULATION 55 Pa.Code §2600
 2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept. Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 The home did not have documentation of the last annual furnace inspection.

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 furnace was cleaned and inspected on 11/26/2012. Annual furnace cleaning has been added to the 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) <i>Kimberly G. Adams</i>	Date <i>12/20/12</i>
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Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

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.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 The last fire drill observed by a fire safety expert was conducted on 8-30-11.

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 drill were conducted on 10/23/12.

Inspections will be completed annually and added to the maintenance 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 G. Adams*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/20/12*

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The above plan of correction was approved by <u><i>GA</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

RECEIVED

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

DEC 26 2012

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 There were afghans on the backs of 2 chairs in the smoking area that were not fire resistant.

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.

*Afghans were removed from the chairs.
 Afghans will not be provided on the porch.
 Periodic checks for afghans on the porch
 will be conducted.
 Direct care staff and building supervisor
 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) <i>KIMBERLY G. ADAMS</i>	Date <i>12/20/12</i>
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The above plan of correction is approved as of 1-7-13
 (Date)

Plan of correction implementation status as of 1-7-13
 (Date)

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

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

DEC 26 2012

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

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
 Adult Protective Services

2a. DESCRIPTION OF VIOLATION

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

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 have been replaced.
 Van first aid kit inspections added to
 maintenance checklist on a monthly basis.
 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) <i>KIMBERLY G. Adams</i>	Date <i>12/20/12</i>
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The above plan of correction was approved by <u><i>JSP</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: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

DEC 26 2012

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There were 4 doses off levalbuterol 1.25 mg/3 ml in the medication cart that did not have a pharmacy label on them.

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 has been re-educated regarding medication labeling. All medications will be checked with pharmacy for labels at delivery.
 Bldg supervisors and direct care staff 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) <i>KIMBERLY G. Adams</i>	Date <i>12/20/12</i>
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Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Western Field Office
New Jersey

2a. DESCRIPTION OF VIOLATION

On 10-8-2012, resident 1's risperidone was administered by injection as ordered. Staff person D did not administer the medication but documented the administration of the medication in the medication administration record as if he/she did.

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 person D was re-educated regarding proper documentation of medication administration. MAR will be reviewed weekly for proper documentation. Bldg supervisors 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

12/20/12

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1-7-13
(Date)

Plan of correction implementation status as of

1-7-13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - 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.

Western Field Office
Adult, Youth, Child Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1 was admitted to the home on 10-2-2012. Resident 1's initial assessment was not completed as of the date of the inspection on 10-19-2012.

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's assessment completed and support plan completed.

New Resident Checklist updated to include admission date and assessment timelines.

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 **12/20/12**

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Plan of correction implementation status as of 1-7-13 (Date)

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

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

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Violation Report: 44596 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

2600.225(c) - 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident 2's last assessment was completed on 2-2-2011.

On 3-28-2012 a physician ordered resident 3 a low fat, low Sodium, cardiac diet. Resident 3's assessment dated 12-30-2011 was not updated to include the new order.

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 3's ^{assessment} support plan updated to include physicians orders.

Staff re-educated to include physician orders of diet changes and notice sent to kitchen when any diet changes occur.

Bldg. supervisors and administrator responsible.

2-15-13 The administrator or a designated staff person will review all resident assessments and any doctor's orders received after the assessment was completed to ensure all current information is on the assessment. 1-7-13 JPP

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/07/2011	
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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) **KIMBERLY G. Adams** Date **12/20/12**

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Violation Report: 44596 - 10/18/2012 - Marini, Michael
PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600

2600.227(c) - 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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

Resident 3's last assessment was completed on 12-30-2011. Resident 3's last support plan was completed on 12-30-2010.

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 3's support plan updated.
RASP checklist has been created to ensure
monthly review of annual dates.
Administrator is responsible.*

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/07/2011

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 *12/20/12*

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- Not Implemented

Violation Report: 44596 - 10/18/2012 - Marini, Michael
 PCH Name: Ruth Smith Center Building B

DEC 26 2012

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Resident 1's record did not include a photograph.

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.

Photograph was taken on 10/19/12 and included in record.
New Resident Checklist updated to include picture.
Administrator and Bldg. Supervisor 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) <i>Kimberly G. Adams</i>	Date <i>12/20/12</i>
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