

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RUTH M. SMITH CENTER  
LEGAL ENTITY

To operate RUTH M. SMITH CENTER  
NAME OF FACILITY OR AGENCY

Located at BUILDING C, 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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 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: 445980

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JAN 3 1 2013

Ms. Kimberly G. Adams, Administrator  
Ruth M. Smith Center  
Building C  
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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

1. REGULATION 55 Pa.Code §2600  
 2600.42(p) - A resident shall be free from restraints.

Western Field Office  
 Acton, Massachusetts

2a. DESCRIPTION OF VIOLATION  
 On 10-18-2012, resident 1 was in bed. There was a 32.5 inch bedrail on each side of the bed. Resident 1 was unable to raise or lower the bedrails.

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 bedrails have been removed.  
 Discussion has been held with Hospice regarding regulations. Mats have been placed on the floor.  
 Bldg supervisor 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*

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

The above plan of correction is approved as of <u>1-7-13</u> (Date)	Plan of correction implementation status as of <u>1-7-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Western Field Office

2a. DESCRIPTION OF VIOLATION

The door on the second floor bathroom did not have a lock. There was a single toilet in the bathroom and no other means to provide privacy.

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.

*Lock installed in second floor bathroom.  
Safety checks added to maintenance checklist.  
Maintenance person and Bldg. supervisor  
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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*1-7-13*  
(Date)

Plan of correction implementation status as of

*1-7-13*  
(Date)

The above plan of correction was approved by

*ASD*  
(initials)

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

**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 criminal record checks for PA and/or FBI (if needed.)

The Office manager and Administrator 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 JAP

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) <b>KIMBERLY G. Adams</b>	Date <b>12/20/12</b>
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 (Date)

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 (Initials)

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 (Date)

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RECEIVED

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

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.

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 received from direct care staff 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 JJP*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Kimberly G. Adams</i>
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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: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

FEB 9 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, and 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 workers paperwork for training has been/was completed. Papers had not been fully filled out and signed.*

*New Employee Checklist updated to include training log to be placed in file. Dates have been changed to separate hire date, training dates and first independent shift.*

*Bldg supervisors and Administrator responsible 2-15-13 the Administrator will review all staff person training records to ensure all staff persons have completed the required training of 2600.65a.1-7-13 JSP*

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  
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*Kimberly G. Adams*

Date  
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(Initials)

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Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

**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:

- (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.

*Staff C had been trained. Paperwork now properly filled out.  
 New Employee checklist changed to reflect hire date, training dates and first independent shift.  
 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 2600.65b. 1-7-13 JJP*

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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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**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.

*Online training has been completed.  
 New Employee checklist updated to include ~~at~~  
 Online training before first independent shift.  
 2/15-13 the administrator <sup>was</sup> reviews all staff Building Supervisors and Administrator responsible.  
 Person training records to ensure all staff persons have completed the  
 required training of 2600.65d including the online direct care training.  
 1-7-13 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: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**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.  
 A training plan developed and records will  
 be kept using the DPW form.  
 Responsible person - Administrator.*

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  
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*Kimberly G. Adams*

Date *12/20/12*

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 (Initials)

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

- Fully Implemented
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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

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

**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.

*A training plan for 2012 completed. A plan will be developed for 2013 during the first month of the year.*

*The Administrator is 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 G. Adams*

Printed Name and Title of Legal Entity Representative  
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*KIMBERLY G. Adams*

Date  
*1/20/12*

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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

DEC 20 2012

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There were 3 electrical wires protruding from a hole in the 2nd floor bathroom wall.

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 plate was put over the wires on 10/18/12  
A weekly check of building for safety concerns will be completed.

Bldg. supervisor responsible.

0-15-13 All staff will be educated in monitoring and keeping all floors, walls, ceilings, windows, doors and other surfaces clean, in good repair and free of hazards. Documentation will be kept.  
1-7-13 JHO

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**1. REGULATION 55 Pa.Code §2600**

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**2a. DESCRIPTION OF VIOLATION**

The current telephone number for the personal care home hotline was not posted by the telephone on the 2nd floor.

**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 PCH hotline number was updated and posted on 10/18/12.  
A weekly safety check will be conducted.  
Building supervisor is responsible.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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*KIMBERLY G. Adams*

Date *12/20/12*

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(Initials)

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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**2a. DESCRIPTION OF VIOLATION**

On 10-18-2012 at 10:25AM, the kitchen freezer was 10 degrees Fahrenheit.

**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 thermometer has been replaced and is working properly.*

*The freeze will be checked daily for proper temperature. Documentation will be kept.*  
 (-7-13 JAA)

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

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

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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**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.

*The Emergency Preparedness Plan was obtained from the town on 10/19/12.*

*The plan will be kept on file.*

*The Administrator and Office Manager are responsible.*

*A copy of the municipality's plan will be posted in a public and conspicuous part of the home. 1-7-13 JSP*

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative  
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*KIMBERLY G. ADAMS*

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Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**2a. DESCRIPTION OF VIOLATION**

On 10-18-12 the home had 8 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 was obtained on 10/29/12 to equal 90 gallons of water to equal 1 gallon of water per day for 3 days for 30 people.*

*Water will be obtained annually to ensure 1 gallon per person for 3 days is available. 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 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*

**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

*gsp*  
(Initials)

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**1. REGULATION 55 Pa.Code §2600**

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**2a. DESCRIPTION OF VIOLATION**

The following fire extinguishers were not inspected within the last year:

Location	Date of Last Inspection
-by the front door	August, 2011
-in the basement by water tank	November, 2005
-in the attic	January, 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.

*Fire extinguishers have been inspected 12/28/12  
Annual fire extinguisher inspection added to  
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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(Date)

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

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

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.

DEC 7 2012

Western Field Office

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 drills conducted on 10/23/12.*

*Inspections will be completed annually and added to 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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(Date)

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*1-7-13*  
(Date)

The above plan of correction was approved by

*ASP*  
(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

DEC 20 2012

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident 2 was admitted on 5-31-2012. Resident 2's initial medical evaluation was completed on 1-31-2012

**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 2's medical eval was mistakenly not within the time limits.*

*The New Resident Checklist includes the DME within 60 days prior or 30 days after admission.*

*Administrator responsible.*

*2-15-13 The administrator will review all resident records to ensure a current medical evaluation has been completed for each resident. 1-7-13 GAP*

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)

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

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

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 There was a 32.5 inch bedrail on each side of resident 1's bed. A hospice nurse arranged to have the bedrails installed on the resident's bed without a doctor's order.  
 Resident 2's documentation of medical evaluation dated 1-31-2012 referred to an attached list of medications that were not in the resident's record.

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 bedrails have been removed. A discussion was held with Hospice staff.*

*Resident records will be checked to ensure inclusion of all parts of medical evaluations.*

*Bldg. Supervisor and Administrator responsible*

*The administrator or building supervisor will review all newly completed medical evaluations for accuracy and completion including any attached lists of medication. 1-7-13 JPP*

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 <u>1-7-13</u> (Date)	Plan of correction implementation status as of <u>1-7-13</u> (Date)
The above plan of correction was approved by <u>JPP</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: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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.

**2a. DESCRIPTION OF VIOLATION**

The home's smoking area was located on the front porch immediately adjacent to the home's side door.

**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 location of the current smoking area was determined by discussions with previous inspectors and is not a common entrance to the building.

Location and possible change to be discussed with licensing bureau. Resolution will be completed by Jan 11, 2013.

Administrator is responsible.

1-9-13 Per administrator:  
 Location of smoking area is off of the porch to the side not on the porch. No smoking signs were placed on porch and staff and residents made aware of smoking area. Administrator to monitor daily. 1-9-13 gyp

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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The above plan of correction is approved as of 1-9-13  
 (Date)

Plan of correction implementation status as of 1-9-13  
 (Date)

The above plan of correction was approved by *gyp*  
 (initials)

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**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).

**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 will be added to monthly maintenance 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 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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 (Initials)

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

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

**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:

- (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 ranitidine 150 mg one tablet by mouth at bedtime, and resident 4 had orders for Tricor 48 mg one tablet by mouth once a day and clozapine 100 mg 1 tablet in the morning and 3 tablets at bedtime. The entries in the October, 2012 medication administration record for these 3 medications did not include their purpose or diagnoses.

**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.*

*MAR has been updated to include purpose and diagnosis for medications.  
 Proper diagnosis and purpose to be put in MAR when medications are received from the pharmacy.  
 Bldg. supervisor and direct care staff are 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  
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*Kimberly G. Adams*

Date *12/20/12*

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 (Date)

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 (Initials)

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

DEC 20 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.

**2a. DESCRIPTION OF VIOLATION**

Resident 2 was admitted on 5-31-2012. Resident 2's initial assessment was completed on 7-31-2012.

**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.*

*The New Resident Checklist now includes dates for assessments.  
Administrator and Office Mgr. 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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(Date)

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

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

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

DPO 12-2012

- (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.

**2a. DESCRIPTION OF VIOLATION**

There was a 32.5 inch bedrail on each side of resident 1's bed. The need for bedrails was not addressed on resident 1's assessment dated 12-3-2011.

**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.

*The bedrails have been removed.  
Assessments will be updated as needed.  
Administrator and building supervisors  
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 written to ensure all current information is on the assessment. 1-7-13 gjo)*

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

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

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael

PCH Name: Ruth Smith Center Building C

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - 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.

DEC 20 2012

**2a. DESCRIPTION OF VIOLATION**

Resident 2 was admitted on 5-31-2012. Resident 2's initial support plan was completed on 7-31-2012

**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.

*The New Resident Checklist now includes the admission date and support plan date.*

*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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(Date)

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

DEC 20 2011

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 There was a 32.5 inch bedrail on each side of resident 1's bed. The need for bedrails was not addressed on resident 1's support plan dated 12-3-2011

**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.

*The support plans will be updated when referrals are made to outside care services as required in 2600.227(d).  
 Bldg. Supervisors and direct care staff and Administrator.  
 Bedrails have been removed. JPP 1-7-13*

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 J. 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: 44598 - 10/18/2012 - Marini, Michael  
 PCH Name: Ruth Smith Center Building C

1. REGULATION 55 Pa.Code §2600  
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

DEC 1 2012

2a. DESCRIPTION OF VIOLATION

Resident 1's medical evaluation dated 7-8-2012 and resident 2's medical evaluation dated 1-31-2012 were not documented on the Department-approved form.

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 annual and admission medical evaluations are now on the Dept. approved forms as each evaluation comes due.*

*Bldg. supervisors and Administrators 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  
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*Kimberly G. Adams*

Date  
*12/20/12*

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

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

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- Partially Implemented - Inadequate Progress
- Not Implemented