



JAN 20 2014

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

RE: Ruth M. Smith Center – Building A
License #: 445950

Dear Ms. Adams:

As a result of the Department of Public Welfare's licensing inspection on October 23, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 13, 2014 to January 13, 2015 was issued on October 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

DEC 28 2013

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures for the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home's Reportable Incident and Conditions Policy does not address prevention, investigation or management of incidents.

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.

"All reportable incidents will be reviewed and investigated by the Administrator and Supervisors with staff" this has been added to our policy.

Policies and procedures will be reviewed to see if changes need to be made to prevent any recurrence.

All incident reports are reviewed by the Administrator and Supervisors quarterly at the Supervisor's meeting.

* see attachment

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 *12/17/13*

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

The above plan of correction is approved as of <u>12-24-13</u> (Date)	Plan of correction implementation status as of <u>12-24-13</u> (Date)
The above plan of correction was approved by <u><i>KA</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>KA</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 23 2013

Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 9:05 AM, upon entry to the home, the medication administration record was lying unsecured on top of the medication cart.

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 policy was reviewed with Supervisor and staff. The Medication Administration Record will be kept locked at all times. Supervisor and staff will lock the MAR in cart when not present at med cart.

1-30-14 All staff will be educated in the confidentiality of resident records and the procedures for maintaining resident records in a secure location.

1-30-14 A designated staff person on each shift will monitor the home daily to ensure all resident records are confidential, kept safe and locked. JGP 12-24-13

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

12/17/13

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(Date)

Plan of correction implementation status as of 12-24-13
(Date)

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

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

Violation Report: 44595 - 10/23/2013 - Cutter, Jan
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, dated 10/19/2012, was not signed by the payer.

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.

All signatures will be obtained upon resident admission. The Office Manager and Administrator will review all records and admission check off sheet upon admission for signatures.

1-30-14 The administrator will review all current residents contracts for completion including all required signatures. JPP 12-24-13

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 *12/17/13*

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

Ancillary staff person A, whose first day of work was 6/17/2013, did not receive orientation in general fire safety and emergency preparedness as required by this regulation.

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.

All ancillary staff will be trained in general fire safety and emergency preparedness before beginning work.

Ancillary staff hired in Nov was trained before starting work. The New Employee Check off Sheet includes this requirement and will be reviewed by Office Manager and Administrator.

1-30-14 The administrator or designated staff person will review all staff person training records to ensure all staff persons, including ancillary staff persons, have completed the required training of 2600.65a.

** See attached*

Rezzano 12/24/13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2012		
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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 *12/17/13*

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

Ancillary staff person A, whose first day of work was 6/17/2013, did not receive orientation in any of the above 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.

All ancillary staff will receive orientation within 40 hrs of their start date on all topics required in 2600.65(b)

A new employee check off sheet includes the requirements under 2600.65(b).

1-30-14 the office manager and administrator will review all staff person training to ensure all staff persons have completed the required training under 2600.65(b). JSP 12-24-13

** All Attached*

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The dusk to dawn light above the exit on to the ramp was not secured. It was hanging by a single wire.

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 light has been secured. The maintenance person has been reminded to check the buildings and grounds to be in compliance with regulation 2600.100(a) on a regular basis.

*1-30-14
The administrator will conduct an assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. JJP 12-24-13*

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(Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/17/13*

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(Date)

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(Date)

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

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

Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

DEC 23 2013

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The following food items in the main kitchen were opened and not sealed:
Hot dog buns
A loaf of bread
A bag of frozen broccoli

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.

All food has been stored in closed or sealed containers. Checking food storage has been added to task sheet. Supervisors will monitor.

1-30-14 all staff persons involved in food preparation, storage and serving will be educated regarding the safe storage of foods, including food stored in closed or sealed containers. Documentation will be kept. JHP 12-24-13

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 **12/17/13**

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGIONAL FIELD OFFICE
Human Resources Division

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

There was approximately a 1/4 inch build up of lint in the trap of the dryer.

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 lint was removed from the dryer. Reg. 2600.105(g)(1) was reviewed with the supervisor and staff. Supervisor will monitor.

1-30-14 All staff persons will be educated concerning emptying lint from each clothes dryer after each use and the potential fire and safety risks associated with lint accumulation. JSP 12-24-13

Repeat Violation: No

Date(s) of Previous Violation(s):

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Kimberly G. Adams

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

Date 12/17/13

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(Initials)

Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

There was a cinder block against the back door blocking egress from the emergency exit at the back porch of the home.

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 cinder block was removed. Reg. 2600.121(a) has been reviewed with the maintenance person. The maintenance person and staff will check daily and remove any items.

1-30-14 All staff persons will be educated on keeping all fire exit passageways and exits clear and unobstructed. Documentation shall be kept.

JSP 12-24-13

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 **12/17/13**

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION HEALTH DEPT.
Human Services Building

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

The following items were sitting up against the furnace:

- Cardboard box filled with Easter baskets
- Cardboard box filled with Christmas decorations
- Wooden table
- Styrofoam

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.

All items have been have been moved away from the furnace. Regulation 2600.125(a) has been reviewed with the maintenance person and will be routinely checked.

1-30-14 all staff persons will be educated concerning keeping combustible or flammable materials away from heat sources. Documentation of training will be kept. 12-27-13 JHP

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: *12/17/13*

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan
PCH Name: RUTH M SMITH CENTER

WEST REGIONAL OFFICE
Human Services Agency

1. REGULATION 55 Pa.Code §2600

2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

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 procedures have been reviewed and updated. " In the event the smoke or fire alarms are inoperable, staff will walk through the building every 15 minutes to ensure there are no fires or smoke." Staff have been notified of this additional procedure.

* see attached

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 *12/17/12*

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(Date)

Plan of correction implementation status as of 12-24-13
(Date)

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(Initials)

- Fully Implemented *JGP*
- Partially Implemented - Adequate Progress
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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGIONAL OFFICE
Human Services

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 fire extinguisher in the furnace room has not been inspected by a fire safety expert since August 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 fire extinguisher has been inspected. A list has been made with the number of fire extinguishers and their locations for the fire safety inspector to use during annual fire extinguishers inspection. The maintenance person will check at annual inspection to make sure none are missed.

* see attached

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 12/17/13

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12-24-13
(Date)

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12-24-13
(Date)

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JSP
(Initials)

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

Violation Report: 44595 - 10/23/2013 - Cutler, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area had a rocking chair with a cushion that was 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.

The cushion has been removed. Reg. 2600.144(c)(1) has been reviewed with supervisors to check smoking areas for fire hazards. Supervisors will keep smoking areas free of fire hazards.

1-30-14 all residents and staff persons will be educated on the home's policy and procedures regarding smoking and fire safety. Documentation will be kept. JAP 12-24-13

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: *12/17/13*

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Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION PHARMACY
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

Direct care staff B, confirmed that residents who attend day programming off of the grounds, including Resident #2, are given their daily medications in medication cases. Staff removes the medications from the pharmacy labeled packs and places the medication in a medication case for residents to take with them to programming in the morning.

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.

I have met with the Pharmacist and discussed the regulation. The pharmacist will provide a labeled container for each prescribed medication to be used by the resident when going off the grounds with medication.

The regulation and procedure have been reviewed with staff and implemented.

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 12/17/13

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(Date)

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- Not Implemented

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(Initials)

Violation Report: 44595 - 10/23/2013 - Cutter, Jan
PCH Name: RUTH M SMITH CENTER

WEST VIRGINIA UNIVERSITY
Human Services Licensing

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

Direct care staff B confirmed that Resident #1 receives 1 1/2 tablets of Sertraline 100 mg. (total 150 mg.) at 8:00 AM. as documented on the medication administration record. However, the medication label and medication administration record indicates that the medication is to be administered at 8:00 PM.

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 has been reviewed and corrected. The regulation 2600.187(a) has been reviewed with Supervisors. Record will be checked for accuracy. All staff have been ~~checked~~ observed and rechecked regarding MAR procedures. Supervisors will double check MAR when prescriptions are received.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2012		
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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>12/17/13</i>

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

The above plan of correction is approved as of <u>12-24-13</u> (Date)	Plan of correction implementation status as of <u>12-24-13</u> (Date)
The above plan of correction was approved by <u><i>KJP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>KJP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 28 2013

Violation Report: 44595 - 10/23/2013 - Cutler, Jan
PCH Name: RUTH M SMITH CENTER

WEST BERK...
Human Services

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 #1's most recent assessment, dated 2/21/2013, does not include the resident's low carbohydrate, portion control diet or the residents diagnosis of obesity indicated on the resident's medical evaluation dated 11/7/12.

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.

*Assessments have been reviewed by the Administrator to make sure they include all diagnosis and treatments listed in their medical evaluations.
Supervisors will review assessments upon receipt from 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 (Required on EVERY Page) *KIMBERLY G. ADAMS* Date *12/17/13*

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

The above plan of correction is approved as of 12-24-13 (Date) Plan of correction implementation status as of 12-24-13 (Date)
The above plan of correction was approved by [Signature] (Initials)
 Fully Implemented
 Partially Implemented - Adequate Progress *OSP*
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44595 - 10/23/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST PENNSYLVANIA COUNTY
Human Services

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.

2a. DESCRIPTION OF VIOLATION

Portions of Resident #1's assessment and support plan, dated 2/21/2013, are written in pencil.

The diagnosis portion of Resident #3's assessment and support plan, dated 11/21/2012, was written in pencil.

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 will complete all records in ink. All records have been reviewed for compliance with regulation 2600.251(b)

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/18/2012

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
12/17/13

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

The above plan of correction is approved as of

12-24-13
(Date)

Plan of correction implementation status as of 12-24-13
(Date)

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

The above plan of correction was approved by

JHP
(Initials)