



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

FEB 0 4 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 B  
License #: 445960

Dear Ms. Adams:

As a result of the Department of Public Welfare's licensing inspection on October 24, 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 31, 2014 to January 31, 2015 was issued on October 21, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: RUTH M SMITH CENTER		License Number: 44596
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Kimberly Adams		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER Building B		<b>RECEIVED</b>
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		JAN 10 2014
<b>Certificate(s) of Occupancy</b> Other 02/06/1986 Labor and Industry		WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/24/2013: Cutter, Jan; Bacher, Mike		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 15 Number of Residents Served: 8 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

JAN 10 2014

Violation Report: 44596 - 10/24/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The home's Reportable Incident and Conditions Policy does not address prevention 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.

We have added to our policy - "All reportable incidents will be reviewed and investigated by the Administrator and Supervisors with staff".

"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 at the quarterly Supervisors' meeting."

\* See Attached

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>1/3/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-14-14</u> (Date)	Plan of correction implementation status as of <u>1-14-14</u> (Date)
The above plan of correction was approved by <u><i>JSP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JSP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 10 2014

Violation Report: 44596 - 10/24/2013 - 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 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 (maintenance) hired in November was trained before starting work. The "New Employee Check List" includes this requirement and will be reviewed by the Office Manager and Administrator.*

*2-20-14 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 \* See attached training of 2600.65(a) JGP 1-14-14*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2013
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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)	Date
<i>KIMBERLY G. ADAMS</i>	<i>1/3/14</i>

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JAN 10 2014

Violation Report: 44596 - 10/24/2013 - 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 that covered the required topics in the first 40 hours of work.

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 hours of their start date on all topics required in Reg. 2600.65 (b)*

*Completed for new ancillary staff hired in Nov. 2013.*

*A new employee check off sheet includes the requirements under 2600.65 (b) 2-20-14 the office manager and administrator will review all staff persons training to ensure all staff persons have completed the required training under 2600.65 (b) JGP 1-14-14*

*\*see attached*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2013		
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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 *1/3/14*

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JAN 10 2014

Violation Report: 44596 - 10/24/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 home's emergency procedures have been reviewed and updated. We have added to the Emergency Preparedness Plan, "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 has 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 J. Adams

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

KIMBERLY G. ADAMS

Date

1/3/14

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The above plan of correction is approved as of

1-14-14  
(Date)

Plan of correction implementation status as of

1-14-14  
(Date)

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

The above plan of correction was approved by

*gsp*  
(Initials)

JAN 10 2014

Violation Report: 44596 - 10/24/2013 - Cutter, Jan  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 was admitted on 3/21/2013. Resident #1's medical evaluation did not have an evaluation date or form completion date. In addition, the following sections were not completed:

- Ability to self administer medications.
- Body positioning/movement.
- Health status.
- Cognitive functioning.
- Mobility needs.
- Diet.
- Special health needs.

Resident #2 was admitted on 6/5/2013. A medical evaluation has not been completed for the resident.

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.

*We have developed a checklist that will be sent with forms to physicians offices. Office Manager, Administrator and Supervisors will review for all new residents.*

- 2-20-14 The administrator or designated staff person will review all resident records to ensure a current medical evaluation has been completed in it's entirety for each resident.*
- 2-20-14 The administrator will ensure that all new residents shall have a medical evaluation form completed within 60 days prior to admission, or within 30 days after admission. JSP 1-14-14*
- \* See attached medical evaluations for resident #1 & #2 have been updated and completed. JSP*

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

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

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

JAN 10 2014

Violation Report: 44596 - 10/24/2013 - Cutter, Jan

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
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

Staff person B confirmed that residents who attend day programming off of the grounds, including Resident #1, are given their daily medications in a pill box to take with them. Staff remove the medications from the pharmacy labeled packages and place the medications in a pill box 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  
(Required on EVERY Page)

*KIMBERLY G. ADAMS*

Date

*1/3/14*

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*1-14-14*  
(Date)

Plan of correction implementation status as of

*1-14-14*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44596 - 10/24/2013 - Cutter, Jan  
PCH Name: RUTH M. SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form for Resident #1, admitted 3/13/2013, was not dated or signed by the individual completing the form.

Resident #3's pre-admission screening was completed on 11/15/2012. The resident was admitted to the home on 1/3/2013.

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 and Supervisors will insure pre-admission screenings are signed and dated. In the event there is a delay in admission after a screening has been completed to make sure the placement is still appropriate a new screening will be done.*

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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 *1/3/14*

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(Date)

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

Plan of correction implementation status as of 1-14-14  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

JAN 10 2014

Violation Report: 44596 - 10/24/2013 - Cutter, Jan  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 assessment, dated 3/21/2013, did not include a diagnosis of Schizophrenia as indicated on the pre-admission screening.

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.

Administrator and Supervisors will review admission paperwork to insure all diagnosis and information is included on all forms.  
2-20-14 See administrator or a designated staff person; will review all current resident assessments for accuracy and completion, including all diagnoses.  
JGP 1-14-14

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 *1/3/14*

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Plan of correction implementation status as of 1-14-14 (Date)

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Violation Report: 44596 - 10/24/2013 - Cutter, Jan  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #1's support plan, dated 3/21/2013, was not completed. There was no comprehensive plan to meet the medical needs of Hypothyroid, Chronic Constipation and Low Vitamin D as identified on the accompanying undated medical evaluation. In addition, there were no Psychological needs listed, nor plan to meet the needs, for Schizophrenia as identified on the accompanying undated pre-admission screening.

Resident #1's support plan indicated a minimal problem for agitation and aggression but there was no description of the need or plan to meet the need for these behaviors.

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.

*Administrator and Supervisors will review all support plans to make sure all diagnosis are included, plans are complete and needed services are documented and addressed.*

*2-20-14 Use administrator or a designated staff person who reviews all current resident assessments for accuracy and completion including a comprehensive plan to meet the need for all diagnoses. JPP 1-14-14*

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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(Initials)

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(Date)

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- Partially Implemented - Adequate Progress *JPP*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44596 - 10/24/2013 - Cutter, Jan  
PCH Name: RUTH M SMITH CENTER

JAN 10 2014

WEST REGIONAL OFFICE  
Human Services Licensing

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

White-out was used to cover a prior entry on Resident #1's contract dated 2/12/2013.

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.

*White out will not be used in any resident's record.*

*2-20-14 - All staff persons will be educated in this regulation to ensure all entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry and the use of white-out is prohibited. 1-14-14*

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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 *1/3/14*

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(Initials)

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(Date)

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