



JAN 29 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 C
License #: 445980

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 21, 2015 was issued on October 21, 2013. Your regular license remains in good standing.

Sincerely,



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: 44598
Address: 407 SOUTH MAIN STREET Building C, SHEFFIELD, PA 16347		County: Warren
Administrator: Kim Adams		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy LP 08/28/1989 Labor and Industry		RECEIVED JAN 10 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/24/2013: Cutter, Jan; Bacher, Mike		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 7 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: 1	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 3 Have Mental Illness: 6 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 44598 - 10/24/2013 - Cutter, Jan
PCH Name: RUTH M SMITH CENTER

JAN 10 2014

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, 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.

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 any changes need to be made to prevent any recurrence."

** see attached*

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)	Date
<i>KIMBERLY G. ADAMS</i>	<i>1/6/14</i>

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>KAP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>KAP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44598 - 10/24/2013 - Cutter, Jan
PCH Name: RUTH M SMITH CENTER

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

According to an internal incident report, staff did not apply Resident #1's 25 mg Fentanyl patch at 8:00 PM on 8/16/2013. The home did not submit an incident report to the Department for this medication error.

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

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

The reportable incident procedures have been reviewed with Supervisors and staff. Will be monitored by Supervisors and Administrator.

2-20-14 The administrator will ensure that all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department's Western Regional Licensing Office within the required time frame and by the required reporting method.

JGP 7-14-14

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KIMBERLY G. ADAMS* Date *1/6/14*

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Violation Report: 44598 - 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 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 receive orientation/training in general fire safety and emergency preparedness before beginning work.

Ancillary staff (maintenance) hired in November was trained before starting work. The "New Employee Checklist" includes this requirement and will be reviewed by the Office Manager and Administrator.

*2014 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. * See attached of 2600.65a. JGP 1-14-14*

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 *1/6/14*

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Violation Report: 44598 - 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 an orientation in any of the required topics as listed above.

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)

This was completed for new ancillary staff hired in Nov. 2013.

A new employee check list included the requirements under 2600.65 (b).

2014 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*

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(Date)

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(Date)

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

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

Violation Report: 44598 - 10/24/2013 - Cutter, Jan
 PCH Name: RUTH M SMITH CENTER

JAN 10 2014

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 10/24/2013 at approximately 10:00 AM, there was a common towel for use in the bathroom near the laundry area.

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.

Separate towels shall be marked and kept for all residents.

3-20-14 All staff shall be educated on the need to maintain sanitary conditions including resident towels which shall be labeled for each resident or a towel bar will be labeled with the resident's name. JPO 1-14-14

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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 insure there are no fires or smoke." Staff has been notified of this additional procedure.

* See attached

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The Chief of the Sheffield Volunteer Fire Department has designated 2 minutes and 15 seconds as a safe evacuation time to the outside of the building. The home exceeded this time for the following drills:
September 24, 2013 at 2:30 AM, evacuation time 5 minutes 11 seconds.
June 25, 2013 at 3:19 AM, evacuation time 3 minutes 7 seconds.

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.

This regulation has been discussed with the SVFD Chief and has been revised to meet the requirement and will be implemented at the annual drill with the Chief. The home has begun to practice fire drills to ensure the time of evaluation is under 2 minutes and 30 seconds. More staff will be added if needed. JHP 1-14-14

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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

Direct care staff person B confirmed that residents who attend day programming off of the grounds, including Resident #2, are given their daily medications in a pill box to take with them. Staff remove the medications from the pharmacy labeled packages and place them in a pill box for the 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):

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Printed Name and Title of Legal Entity Representative
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 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 44598 - 10/24/2013 - Cutter, Jan
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RECEIVED

JAN 10 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home does not have a pharmacy receipt for Resident #1's Hydrocodone 5/325, 1 tablet every 6 hours as needed for pain. The medication is not routinely counted.

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.

This regulation has been reviewed with supervisors and staff. Supervisors will monitor proper documentation for all meds. A Checklist has been developed to count controlled medications between shifts.

2-20-14 A designated staff person will review all prescription medications including controlled substances to ensure there is documentation of the receipt of these medications. JSP 1-14-14

** see attached*

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Violation Report: 44598 - 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

The initial assessment for Resident #1, admitted 5/1/2013, was completed on 5/22/2013.

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.

Administrators and Supervisors will review and monitor resident records to ensure timely completion of all assessments.

2-20-14 the administrator or a designated staff person will review all current resident assessments for accuracy and completion, including all diagnoses. JAD 1-14-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/18/2012		
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