



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 6, 2015

Ms. Martha Rogus, Executive Director
Ruth M. Smith Center
PO Box 576
407 South Main Street
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
Building A
445950

Dear Ms. Rogus:

As a result of the Department of Human Services' licensing inspection on November 19, 2014, 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.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig" with a checkmark at the end.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: RUTH M. SMITH CENTER		License Number: 44595
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Martha Rogus		Region: WEST
Legal Entity Name: RUTH M. SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy Other - LPCH 11/25/1983 Labor & Industry		APR 06 2015 MISSY PERKINS, LIC. 001001001001 Director, Bureau of Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/19/2014: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	AF	Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 Number of Residents Served: 10 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	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 2 Have Mental Illness: 10 Have an Intellectual Disability: 6 Have a Mobility Need: 0 Have a Physical Disability: 1	

APR 06 2015

Violation Report: 44585 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures. ✓
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION

The home has not conducted a quality management review within the past year.

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 quality management review was conducted on 4/3/15.
 - See Attached
 By 9/30/15 -
 The administrator will ensure that another quality management review is conducted, covering all required topics. A quality management review will be conducted at least annually thereafter. Documentation will be kept. J 8/3/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page)

Mark J. Ryan

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

Mark J. Ryan

Date 4/3/2015

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

The above plan of correction is approved as of 8/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired on 6-14-05, does not have a criminal background check completed in accordance with the Older Adult Protective Services Act. Staff person A worked unsupervised in the home, to include the following dates:
 * 11/17/14 from approximately 7:00am-3:00pm
 * 11/18/14 from approximately 7:00am-3:00pm

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.

- Now Complete (Background Check)
- Staff at least one per building is to always remain in Building. The Activities Director, Cook, Executive Director, and Office Mgr. qualify to cover when staff/supervisors leave for Supplies, Appts, and other Absenses. However, not all mentioned are trained to pass meds. Only qualified med passers can remain during med pass times.

See Page 3A of 16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mark J. Regus*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mark J. Regus* Date *4/3/2015*

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

The above plan of correction is approved as of <u>8/15/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

3030 28/08/2015
 AUG 04 2015
 Page 3 of 17

Violation Report: 44505 - 11/19/2014 - Whitney, Diane
 PCN Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Staff person A, hired on 6-14-05, does not have a criminal background check completed in accordance with the Older Adult Protective Services Act. Staff person A worked unsupervised in the home, to include the following dates:
 * 11/17/14 from approximately 7:00am-3:00pm
 * 11/18/14 from approximately 7:00am-3:00pm

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.

Immediately - Any employee hired prior to completion of a criminal history background check will be directly supervised until criminal background check is returned and shows no prohibitive offenses.

Immediately - The administrator or designated staff person will monitor all new staff documentation to ensure all required criminal history checks are completed within the required timeframe.

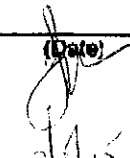
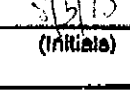
Immediately - The administrator or designee will review all current staff records to ensure a criminal history background check has been completed and is present in each employee record, and that none contain prohibitive offenses.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sheila Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sheila Brush* Date *8/4/15*

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

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

3016013478101

APR 04 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

MID-ATLANTIC REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C received only 10.5 hours of annual training during the 2013 training year.

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.

See Training Schedule 2600.65(e) attachment

See Page 4 of 16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Martin G. Ryan*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Martin G. Ryan* Date *4/3/2015*

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

The above plan of correction is approved as of 4/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

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AUG 0 1 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person C received only 10.5 hours of annual training during the 2013 training year.

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.

Immediately - The administrator will review all staff training records to ensure all staff has received the required 12 hours of annual training and documentation is kept.

Immediately - The administrator will monitor all staff person training as part of the quality management review, and reviewing each employee's staff training plan, to ensure all staff persons receive the required 12 hours of annual training.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sheila Brush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheila BRUSH* Date *8/4/15*

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

The above plan of correction is approved as of 8/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

APR 09 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 7-1-04, did not receive annual training in safe management techniques during the 2013 training year.

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

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

Staff person C received training on safe management techniques on 12/18/14.
 • See Attachment 2600.65(f)

See Page 5A of 17

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Martha J. Rojas			4/3/2015

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The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 04 2015

Page 5 of 17

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

DEPARTMENT OF HUMAN SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person C, hired on 7-1-04, did not receive annual training in safe management techniques during the 2013 training year.

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.

Immediately - The administrator will review all staff training records to ensure all staff has received training in all topics under 2600.65f and that documentation is kept.

Immediately - The administrator will monitor all staff person training as part of the quality management review, and reviewing each employee's staff training plan, to ensure all staff persons receive training in all topics under 2600.65f annually.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sheila BRUSH

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

Sheila BRUSH

Date

8/4/15

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

The above plan of correction is approved as of

8/5/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Signature)
(Initials)

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

APR 06 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M SMITH CENTER

ALTO REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired on 7-1-04, did not receive annual training in emergency preparedness during the 2013 training year.

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.

scheduled to call to setup mtg. time, 4/6
- Completed ✓ (in 2014)
~~*see attach*~~

See Page 6A of 16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Matt - Ray*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Matt - Ray</i>	Date <i>4/3/2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/5/14
 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

AUG 04 2015

Page 5 of 17

Violation Report: 44895 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

WEST PENNSYLVANIA INDEPENDENT
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.66(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired on 7-1-04, did not receive annual training in emergency preparedness during the 2013 training year.

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.

Immediately - The administrator will review all staff training records to ensure all staff has received training in all topics under 2600.65g and that documentation is kept.

Immediately - The administrator will monitor all staff person training as part of the quality management review, and reviewing each employee's staff training plan, to ensure all staff persons receive training in all topics under 2600.65g annually.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sheila Brush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheila Brush* Date *8/4/15*

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

The above plan of correction is approved as of 8/15/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44595 - 11/19/2014 - Whlney, Diane

PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following items, with manufacture's labels indicating, "If swallowed, contact Poison Control Center," were unlocked and accessible to residents in the staff closet:

- * 2 gallons of laundry bleach
- * 1-32oz. bottle of Clorox Clean Up
- * 1-32oz. can of Spic-N-Span spray
- * 1-22oz. spray can of 409 carpet cleaner
- * 2-19oz. cans of disinfectant spray
- * 2-1.31lb. canisters of Comet powder cleanser

Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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.

in Progress

Will install childproof lock by 4/8

See Page 7A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Matthew J. Ryan

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

Matthew J. Ryan

Date

4/3/2015

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

The above plan of correction is approved as of

8/5/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 04 2015

A
Page 7 of 17

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

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- * 1-22oz. spray can of 409 carpet cleaner
- * 2-19oz. cans of disinfectant spray
- * 2-1.31lb. canisters of Comet powder cleanser

Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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.

Immediately - All poisonous materials will be stored in a locked storage area, inaccessible to residents.

Immediately - All staff persons will be educated concerning the safe storage of poisonous materials and the risk of having unlocked poisons accessible to residents. Documentation will be kept.

Immediately - A designated staff person will check the home for unlocked poisonous materials daily and on each shift.

Immediately - The administrator will monitor the home at least weekly to ensure all poisonous materials are locked and inaccessible to residents. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sheela Brush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheela Brush* Date *8/4/15*

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

The above plan of correction is approved as of <u>8/5/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>RB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 06 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M SMITH CENTER

WEST PHILADELPHIA COUNTY
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

Throughout the day on 11-19-14, the emergency exit ramp leading from the bedroom of residents #1 and #2 to the yard was covered in approximately 2.5" of snow.

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.

*New Maintainer now Handling snow with no problems.
 (Removed)*

See Page 8A of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mark J. Rojas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mark J. Rojas</i>	Date <i>4/3/2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4/3/15
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

63081541

AUG 04 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

1. **REGULATION 55 Pa.Code §2600**
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. **DESCRIPTION OF VIOLATION**
Throughout the day on 11-19-14, the emergency exit ramp leading from the bedroom of residents #1 and #2 to the yard was covered in approximately 2.5" of snow.

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.
Immediately - All staff persons will be educated regarding keeping all exit passageways clear of snow, ice or any other obstructions. Documentation will be kept.
Immediately - During ice and snow conditions a designated staff person will check all exit passageways hourly to ensure all exit passageways are free and clear of ice, snow and any obstructions.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sheila Brush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheila Brush* Date *8/4/15*

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

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(Date)

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(Initials)

Plan of correction implementation status as of _____
(Date)

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- Not Implemented

APR 03 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

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.

WEST VIRGINIA INSTITUTE OF FOOD
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
At 2:20pm, the left refrigerator in the home's kitchen measured 45 degrees Fahrenheit.
No thermometer was present in the right refrigerator in the home's kitchen.

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.

Cook installed thermometer, Nov. 2014.

See Page 9A of 17

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

Signature of Legal Entity Representative
(Required on EVERY Page)

M. Riga

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

M. Riga

Date 4/3/2015

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

The above plan of correction is approved as of 8/5/15
(Date)

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

Plan of correction implementation status as of _____ (Date)

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

AUG 04 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M. SMITH CENTER

APPLY FOR A LICENSE
 HUMAN SERVICES LICENSING

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

At 2:20pm, the left refrigerator in the home's kitchen measured 45 degrees Fahrenheit.

No thermometer was present in the right refrigerator in the home's kitchen.

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.

Immediately - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of training will be kept.

Immediately - A designated staff person will check daily, in each refrigerator and freezer, to ensure that each has a thermometer and that food items are stored at safe temperatures.

Immediately - The administrator will monitor each refrigerator and freezer, at least weekly, to ensure that each has a thermometer and that food items are stored at safe temperatures.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sheila Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sheila Brush</i>	Date <i>8/4/15</i>
---	--------------------

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

The above plan of correction is approved as of 8/5/15
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
 PCH Name: RUTH M. SMITH CENTER

AGENCY: RUTH M. SMITH CENTER
 DIVISION: COMMUNITY DEVELOPMENT

1. REGULATION 55 Pa. Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the home and the emergency preparedness plan for the municipality, are not posted in a conspicuous and public place in 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.

*Green Booklet, posted in All 3 Buildings
 in Public Area*

See Page 10A of 17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mark J. Ryan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mark J. Ryan* Date *4/3/2015*

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

The above plan of correction is approved as of 8/5/15
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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

AUG 04 2015

Page 10 of 17

Violation Report: 44585 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The emergency preparedness plan for the home and the emergency preparedness plan for the municipality, are not posted in a conspicuous and public place in 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.
Immediately - The administrator will post the emergency management plans for the local municipality and for the home, in conspicuous and public place and accessible to anyone in the home.

Immediately - The administrator will conduct weekly checks to ensure the both the home's and local municipal emergency management plans are posted in a conspicuous and public place.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shela Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shela Brush* Date *8/4/15*

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

The above plan of correction is approved as of <u>8/5/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>SB</i></u> (Initials)	<input 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: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

PROPERTY OF THE COMMONWEALTH OF PENNSYLVANIA
Department of Public Safety
Fire and Emergency Services Bureau

1. REGULATION 55 Pa.Code §2800

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for the fire drills conducted at the following times do not indicate if they were conducted in the AM or PM:

- * 10/15/13 at 7:00
- * 9/4/14 at 6:35

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.

Supervisors informed staff to include AM or PM.

Supervisors will check monthly, to ensure the fire drill record is complete in all areas, including time of fire drill.

4/15/15

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Mathew E. Rogan

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

Mathew E. Rogan

4/3/2015

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

The above plan of correction is approved as of 4/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

APR 04 2015

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 #3 was admitted on 12-27-13; however, the resident's medical evaluation was completed on 10-9-13, which exceeded 60 days prior to admission.

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 was not here - Hired and stated 5/19/2014
- ~~#~~ File Remains on my Desk until DME is Received (I don't like a messy desk).
- I don't Complete Admission (Allow them to move in) until Done.
- ~~Added in Scheduler on Checklist in Res. File~~
- Gets Filed when complete / Person is Admitted and Allowed in.
- ~~Will be Added (60 Days) to Scheduler if it becomes longer than 60 days or less. See Page 12A of 17~~

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

Signature of Legal Entity Representative (Required on EVERY Page)

Matthew J. Rose

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

Matthew J. Rose

4/3/2015

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

The above plan of correction is approved as of 4/3/15 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

Department of Community and
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 #3 was admitted on 12-27-13; however, the resident's medical evaluation was completed on 10-9-13, which exceeded 60 days prior to admission.

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.

Immediately - All new residents will have medical evaluations completed by a physician within the required timeframes.

Immediately - All staff persons involved with admissions documentation and annual updates will be educated on the timeframes for completion of the medical evaluation. Documentation will be kept.

By 8/31/15 - The administrator will develop a tracking system for new residents to ensure that all documents, including medical evaluations, are completed in full and in the required timeframes.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shela Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shela Brush* Date *8/4/15*

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

The above plan of correction is approved as of 8/15/15 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

APR 06 2015

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 8-25-14, does not include height, weight, blood pressure, temperature, diagnoses, health status, cognitive functioning and diet.

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.

Supervisor will insist Doctor's/Nurses complete
Forms from now on and check ~~books~~
~~Although it~~

See Page 13A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Marie J. Roes

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

Marie J. Roes

Date

4/3/2015

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

8/5/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 04 2015

Page 13 of 17

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

REGULATION 117.113 (C)(1)-(2):
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 8-25-14, does not include height, weight, blood pressure, temperature, diagnoses, health status, cognitive functioning and diet.

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 medical evaluations for resident #1 will be updated and fully completed by the resident's physician.

Immediately -- The administrator or a designated staff person will review all medical evaluations for current residents to ensure that a timely, fully-completed medical evaluation is in each resident record and that all required information is completed, including diagnoses, health status, cognitive functioning and dietary needs.

Immediately -- The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including diagnoses, health status, cognitive functioning and dietary needs.

Immediately -- All staff persons involved with the medical evaluation process will be educated on the required contents of the medical evaluation and the completion of the form. Documentation will be kept.

Immediately -- The administrator will develop a tracking system to ensure that all documents, including medical evaluations, are completed in full and in the required timeframes.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sheela Brush*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sheela Brush* Date *8/4/15*

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

The above plan of correction is approved as of 8/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane

PCH Name: RUTH M SMITH CENTER

MENTAL HEALTH SERVICES DIVISION
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person D has not successfully completed the Department-approved medications administration course. According to resident #4's November 2014 medication administration record (MAR), staff person D administered medications to resident #4 at 8:00 PM on 11-4-14, 11-5-14 and 11-6-14, to include the following:

- * Trifluoperazine-10mg tablets
- * Clonazepam-1mg tablets
- * Divalproex Sodium-250mg tablets

Staff person E has not successfully completed the Department-approved medications administration course. According to resident #4's November 2014 MAR, staff person E administered medications to resident #4 at 6:00 AM on 11-3-14 and 11-4-14, to include the following:

- * Levothyroxine-100mcg tablets
- * Gemfibrozil-600

Staff person F has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person F administered medications to resident #1 at 8:00 PM on 11-3-14 and 11-10-14, to include the following:

- * Simvastatin-10mg tablets
- * Buspirone HCL-10mg tablets

Staff person G has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person G administered medications to resident #1 at 6:00 AM on 11-6-14, 11-7-14 and 11-13-14, to include the following:

- * Senna S Tablet
- * Quetiapine-25mg tablets
- * Buspirone HCL-10mg tablets

See Page 14A of 16

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.

Training is now complete and Filed in Training File / see Quality Mgmt. Attachment

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Mark E. Rojas*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mark E. Rojas* Date *4/8/2015*

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

The above plan of correction is approved as of 8/5/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

AUG 04 2015

Page 14 of 17

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

DEPARTMENT OF HEALTH
Human Services Licensing

1. REGULATION 55 Pa.Code 52600

2800.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person D has not successfully completed the Department-approved medications administration course. According to resident #4's November 2014 medication administration record (MAR), staff person D administered medications to resident #4 at 8:00 PM on 11-4-14, 11-5-14 and 11-6-14, to include the following:

- * Trifluoperazine-10mg tablets
- * Clonazepam-1mg tablets
- * Divalproex Sodium-250mg tablets

Staff person E has not successfully completed the Department-approved medications administration course. According to resident #4's November 2014 MAR, staff person E administered medications to resident #4 at 6:00 AM on 11-3-14 and 11-4-14, to include the following:

- * Levothyroxine-100mcg tablets
- * Gemfibrozil-600

Staff person F has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person F administered medications to resident #1 at 8:00 PM on 11-3-14 and 11-10-14, to include the following:

- * Simvastatin-10mg tablets
- * Buspirone HCL-10mg tablets

Staff person G has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person G administered medications to resident #1 at 6:00 AM on 11-6-14, 11-7-14 and 11-13-14, to include the following:

- * Senna S Tablet
- * Quetiapine-25mg tablets
- * Buspirone HCL-10mg tablets

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.

Immediately - The administrator will review all staff person training records to ensure all staff persons currently administering medications are qualified to administer medications. No unqualified staff persons will administer medications in the home.

By 9/30/15 - The administrator will review all medication administration training records as part of the quality management review, at least quarterly, to ensure all staff persons continue to meet the qualifications to administer medications and documentation is present.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
--	--

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Shella BRUSH	8/4/15

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

The above plan of correction is approved as of <u>8/15/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
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APR 05 2015

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

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 #5, dated 1/27/14, does not indicate the home can meet the resident's needs.

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 was not here then. (started 5/19/14)
- Prenscrening is Done Before Resident can be admitted.
- I do Prenscrenings, personally (Administrator)
- ~~with~~ ^{with} my list of Procedures for Admissions Paperwork

See Page 15A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Martha Regas

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

Martha Regas

Date 4/3/2015

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

The above plan of correction is approved as of 4/3/15
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

AUG 04 2015

Page 15A of 16

Violation Report: 44595 - 11/19/2014 - Whitney, Diane
PCH Name: RUTH M. SMITH CENTER

DEPARTMENT OF ASSISTANCE
COMMUNITY SERVICES LICENSING

1. REGULATION 55 Pa.Code §2800

2800.224(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 #5, dated 1/27/14, does not indicate the home can meet the resident's needs.

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.

Immediately - The administrator or designated staff person will create and implement a document tracking system for new residents to ensure all residents have a preadmission screening completed within 30 days prior to admission, documented on the required form, to determine that the needs of the resident can be met by the services provided by the home.

Immediately - All staff persons involved with resident admissions will be educated regarding the documentation system.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shula Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shula Brush* Date *8/4/15*

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

The above plan of correction is approved as of 8/5/15 (Date)

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

Plan of correction implementation status as of _____ (Date)

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

Violation Report: 44595 - 11/19/2014 - Whitney, Diane

PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #5's assessment, dated 3-10-14, does not include an assessment of the resident's mobility needs.

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 was not here then (started 5/19/14)
- I complete notice form (Administrator)
- I ask Potential Resident to walk a short distnt. Example - from here to the door

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Martin F. Royce

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

Martin F. Royce

Date

4/3/2015

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

8/5/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

AUG 04 2015

Page 16 of 16

Violation Report: 44395 - 11/18/2014 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

REGIONAL BUREAU OF THE PA
COMMUNITY SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment

2a. DESCRIPTION OF VIOLATION
Resident #5's assessment, dated 3-10-14, does not include an assessment of the resident's mobility needs.

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.

Immediately - The administrator or designated person will complete a new assessment for resident #5 including an accurate indication of the residents mobility needs.

Immediately - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of mobility needs. Documentation of the training will be kept.

By 8/31/15 - The administrator will review all current resident assessments to ensure they are accurate, updated, and completed in full, including a mobility assessment.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Shela Brush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Shela Brush* Date *8/4/15*

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

The above plan of correction is approved as of 8/5/15 (Date)

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

Plan of correction implementation status as of _____ (Date)

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