



**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 B  
# 445960

Dear Ms. Rogus:

As a result of the Department of Human Services' licensing inspection on November 20, 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, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing 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: 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 02/06/1986 Labor & Industry		APR 6 2015 WARREN COUNTY OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 12	Working Staff: 9
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> 11/20/2014 Whitney, Diane		
<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: 9 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: 7 Are 60 Years of Age or Older: 3 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
 PCH Name: RUTH M SMITH CENTER

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.

APR 06 2015  
 WEST PHOENIX FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The home's 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.*

*4/15*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Matthew J. Rogers*

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

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

The above plan of correction is approved as of <u><i>4/15/15</i></u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	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
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Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M. SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600 57(a) - At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services

2a. DESCRIPTION OF VIOLATION

On 11-20-14, from approximately 9:15 A.M. to 9:25 A.M., 8 residents were present in the home. During this time, there was no staff present 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

Staff, at least one per Building, is to always remain in Building. The Activities Director, ~~Set~~ Cook, ~~and~~ Executive Director, and Office Manager qualify to cover when staff/supervisors have to leave for supplies, Resident Appts, and other absences. However not all those mentioned are trained to pass meds. Only qualified med passers

can remain during med pass times

Immediately - A qualified staff person will be present in the home at all times residents are in the home. The administrator will review staffing schedules at least weekly to ensure adequate staffing.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Mattha J. Rogers*

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

Mattha J. Rogers

Date

4/3/2015

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The above plan of correction is approved as of

8/4/15  
(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

Violation Report: 44596 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

APR 09 2015

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

Staff person A's first day of work was 3-17-14; however, staff person A did not receive orientation in any topics specified in 2600.65a, to include evacuation procedures, until 5-28-14.

Staff person B's first day of work was 6-2-14; however, staff person B did not receive orientation in any topics specified in 2600.65a, to include evacuation procedures, until 6-5-14.

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.

• Checklists of 1-7 will be in each new employee file.  
Administrator is Responsible for orientation.

• Follow-up  
Staff A & B will be asked to come in for training and noted to call in scheduler, 4/10.

Immediately - The administrator will ensure all new staff receive orientation in all required topics under 2600.65a prior to or during first work day. Documentation will be kept by 8/31/15. The administrator will review all current staff files to ensure orientation training has been completed and documented. J

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/24/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Martha J. Rojas*

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

Martha J. Rojas

Date 4/3/2015

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The above plan of correction is approved as of 8/4/15  
(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

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

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

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

WEST PENNSYLVANIA 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

Staff person A's first day of work was 3-17-14; however, staff person A did not receive orientation in any of the topics specified in 2600.65b, to include reporting of reportable incidents and conditions, until 5-28-14, which exceeded their 40th hour of work. Staff person A worked his/her 40th hour around 3/31/14.

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

- Checklists of 1-4 will be in each New Employee's Training file. #s 1-3 are Administrator's responsibilities and some of #4. #4 Form Locations and procedures per Building are Supervisor's Responsibility. (Time sensitivity will be noted on checklist.)
- Staff person A will receive orientation as soon as possible. Administrator notes a follow-up date of 4/6 to contact Staff A, to come in for orientation. See Page 56 of 19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/24/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Martha J. Rojas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Martha 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 8/4/15 (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: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person A's first day of work was 3-17-14; however, staff person A did not receive orientation in any of the topics specified in 2600.65b, to include reporting of reportable incidents and conditions, until 5-28-14, which exceeded their 40th hour of work. Staff person A worked his/her 40th hour around 3/31/14.

**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 training under 2600.65b and that documentation is present in each employee's record.

Immediately - The administrator will develop a tracking system for new employees to ensure they receive all orientations, including all training under 2600.65b, in the required timeframes. Documentation of trainings will be kept in each employee's record.

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: Yes

Date(s) of Previous Violation(s):

10/24/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of

SMH  
(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

Violation Report: 44596 - 11/20/2014 - 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, hired 4-24-01, received only 6 hours of annual training during the 2013 training year.  
  
Direct care staff person D, hired 3-20-11, received only 6 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):			
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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
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<p>The above plan of correction is approved as of <u>8/14/15</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44596 - 11/20/2014 - Whitney, Diane

APR 06 2015

PCH Name: RUTH M SMITH CENTER

WEST PENNSYLVANIA 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, hired 4-24-01, received only 6 hours of annual training during the 2013 training year.

Direct care staff person D, hired 3-20-11, received only 6 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.

- 2015 plan of Training includes Northwest Health Connection Training related to job duties, as well as Training provided by Administrator.
- Staff person C completed 15 hours of training in 2014.
- Staff person D completed 16 hours of training in 2014.
- Training is conducted during Staff mtgs., once-a-month, moving forward. There was no training was held April b/c NW Health Connections became unavailable & Admin was not prepared in time.
- See attached schedule
- Did have supervisor's mtg, 4/2 and went over Violations/POC

4/2/15

See page 6A of 19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Matthew J. Rojos*

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

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

The above plan of correction is approved as of 8/4/15 (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

APR 09 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
 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**

Direct care staff person C, hired 4-24-01, and direct care staff person D, hired 3-20-11, 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 persons C and D received training on safe management techniques on 12/18/14.*

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):				
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Martha J. Rojas*

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

Martha J. Rojas

Date 4/3/2015

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

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

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

APR 26 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane PCH Name: RUTH M. SMITH CENTER	
WEST PENNSYLVANIA FIELD OFFICE 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 11-20-14, the emergency exit ramp leading from the bedroom of residents #2 and #3 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.	
<ul style="list-style-type: none"> <li>• New Maintenance Man was hired March of 2015.</li> <li>• Trained to Remove Snow from Ramps and permission to work extra hours, as needed.</li> </ul>	

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):			
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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 4/3/2015

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

The above plan of correction is approved as of <u>3/11/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u>[Signature]</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: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

WEST PHEASANT FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600 107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 11-20-14, the home had 9 residents, requiring 27 gallons of emergency drinking water for a 3-day supply; however, the home only had 20 gallons of emergency drinking water available

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

• Water will be provided and adequate supply maintained  
6/18/15 - additional water purchased. & slides  
• Supervisors will add to staff check lists  
to count water [Monthly] unacceptable frequency  
8/14/15

Immediately - The administrator will keep a three day supply of water on-site in the home for each resident or will obtain documentation that an emergency supply of water will be delivered in the event of an emergency. A contract with a local bottled water supplier will include the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Immediately - The administrator will monitor the on-site emergency water supply at least weekly to ensure there is at least three-day supply of water available for each resident, and that water is replaced immediately after it is used. Documentation will be kept.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Martin J. Rocas*

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

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

The above plan of correction is approved as of 8/14/15 (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: 44596 - 11/20/2014 - Whitney, Diane PCH Name: RUTH M SMITH CENTER	WEST REGION FIELD OFFICE Human Services Licensing
<b>1. REGULATION 55 Pa.Code §2600</b> 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	
<b>2a. DESCRIPTION OF VIOLATION</b> The emergency procedures for the municipality are not posted in a conspicuous and public place in the home.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
• Emergency Procedures are Now Posted (Green Booklets).	

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)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
[Signature]			4/3/2015
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)		
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		

APR 03 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUIH M SMITH CENTER

UNION COUNTY HEALTH OFFICE  
Human Services Licensing

1. REGULATION 55 Pa Code §2600  
2600 124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency.

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 Attachment  
• Note to call SVFD 4/9 in Scheduler of Receipt  
Local fire department notified in writing of all required information.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Maureen J. Lopez*

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

Maureen J. Lopez

Date 4/3/2015

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

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

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

Plan of correction implementation status as of \_\_\_\_\_ (Date)

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

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

WEST VIRGINIA REGIONAL EDUCATIONAL  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
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 record for the fire drill conducted on 4-22-14 at 6:35 does not indicate if it was conducted in the AM or PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Records are correct  
Staff was notified to write AM or PM  
Supervisors will check, monthly, to ensure the fire drill record is complete in all areas, including time of fire drill.  
D. Stulis

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Matthew Rogers*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Matthew Rogers*      Date *4/3/2015*

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

The above plan of correction is approved as of 8/4/15 (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

44596-11/20/2014

APR 26 2015

WEST PENNSYLVANIA CENTRAL  
Human Services Licensing

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600 141(b)(1) - A resident shall have a medical evaluation at least annually

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on 10-2-12. The most recent medical evaluation for resident #1 does not indicate the date the resident was evaluated by the physician, so it is unable to be determined when it was completed. Also, the medical evaluation only lists medical codes for the resident's diagnoses and indicates, "see note attached;" however, nothing is attached.

Resident #2 was admitted to the home on 3-13-13. The most recent medical evaluation for resident #2 does not indicate the date the resident was evaluated by the physician, so it is unable to be determined when it was completed. Also, the medical evaluation does not include medical information pertinent to diagnoses and treatments, to include the diagnoses of schizoaffective disorder and bipolar.

Resident #4's medical evaluation, dated 8-4-14, indicates, "see attached" for the medication section; however, nothing is attached. Resident #4 is currently prescribed medications.

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

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

Resident #4 was transferred to another facility on 2/25/15.  
Admin Staff completes RASPS Annually.

(Previous Admin's were incomplete.)

- RASPS are to coincide with yearly DME (Medical Eval).
- If not, Admin notifies supervisor to schedule Med. Eval.
- Res #1, 2, & 4 are updated & current

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

*Martha J. Rojas*

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

Martha J. Rojas

Date 4/3/2015

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

<p>The above plan of correction is approved as of _____ (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
 PCH Name: RUTH M SMITH CENTER

**1. REGULATION 55 Pa Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies
- (3) Name of medication.
- (4) Strength
- (5) Dosage form
- (6) Dose
- (7) Route of administration
- (8) Frequency of administration.
- (9) Administration times
- (10) Duration of therapy if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication.

REC'D CIVIL RIGHTS

APR 6 2015

WESTERN PENNSYLVANIA  
 CUSTOMER SERVICES DIVISION

**2a. DESCRIPTION OF VIOLATION**

The November 2014 medication administration record (MAR) for resident #1 does not include diagnosis or purpose for Levothyroxine.

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

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

*Resident #1's medication administration record has been updated to include diagnoses for all medications.  
 Supervisors now complete MARs by adding hand written information (IIT) when Pharmacy doesn't print it on MARs.*

*Immediately - All staff persons who administer medications will be educated on this requirement and to monitor the MAR daily.  
 By 8/31/15 - The administrator or designee will monitor the MAR and conduct a full medication audit at least monthly to ensure all information is on the MAR, including diagnoses and purposes and that all medication is available in the home.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Matthew J. Rojas*

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

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

The above plan of correction is approved as of 3/4/15  
 (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:** 44596 - 11/20/2014 - Whitney, Diane  
**PCH Name:** RUTH M SMITH CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the home on 10-2-12. The most recent medical evaluation for resident #1 does not indicate the date the resident was evaluated by the physician, so it is unable to be determined when it was completed. Also, the medical evaluation only lists medical codes for the resident's diagnoses and indicates, "see note attached;" however, nothing is attached.

Resident #2 was admitted to the home on 3-13-13. The most recent medical evaluation for resident #2 does not indicate the date the resident was evaluated by the physician, so it is unable to be determined when it was completed. Also, the medical evaluation does not include medical information pertinent to diagnoses and treatments, to include the diagnoses of schizoaffective disorder and bipolar.

Resident #4's medical evaluation, dated 8-4-14, indicates, "see attached" for the medication section; however, nothing is attached. Resident #4 is currently prescribed medications.

**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 the medical evaluations for residents #1 and #4. If the residents do not have a current medical evaluation in their records, the administrator will contact the residents' physicians to schedule an in-person medical examination which will be documented on the form required by the Department.

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 all dates, diagnoses, and medications.

Immediately – The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion including all dates, diagnoses, and medications.

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.

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>			
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**Signature of Legal Entity Representative**  
**(Required on EVERY Page)**

<b>Printed Name and Title of Legal Entity Representative</b> <b>(Required on EVERY Page)</b>	<b>Date</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

APR 03 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

DEPARTMENT OF HEALTH  
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 #1's November 2014 MAR, staff person D administered medications to resident #1 at 9:00 PM on 11-4-14, 11-5-14 and 11-6-14, to include the following:

- \* Clozapine-25mg tablets
- \* Clozapine-100mg tablets
- \* Clonazepam-0.5mg tablets

Staff person E has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person E administered medications to resident #1 at 9:00 PM on 11-1-14, 11-2-14 and 11-3-14, to include the following:

- \* Clozapine-25mg tablets
- \* Clozapine-100mg tablets
- \* Clonazepam-0.5mg tablets

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 AM on 11-2-14 and 11-3-14, to include the following:

- \* Benztropine-1mg tablets
- \* Sertraline-50mg tablets
- \* Levothyroxine-25mcg 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 8:00 AM on 11-6-14, 11-7-14 and 11-8-14, to include the following:

- \* Topiramate-50mg tablets
- \* Sertraline-50mg
- \* Levothyroxine-25mcg

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 staff Trained and Passed Required online OOP Trainings + Reviews

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

Signature of Legal Entity Representative (Required on EVERY Page)

*Mattha J. Rojas*

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

Mattha J. Rojas

Date 4/3/15

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

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

*[Signature]*

Plan of correction implementation status as of (Date)

- Fully Implemented
- Partially Implemented Adequate Progress

\* See Page 16 of 19 \*

APR 06 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane		APR 06 2015
PCH Name: RUTH M SMITH CENTER		
<b>1. REGULATION 55 Pa.Code §2600</b> 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.		
The above plan of correction was approved by		<input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

(Initials)  
 [Handwritten Signature]  
 8/4/15

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.

[Handwritten Signature]  
 8/4/15

APR 06 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600  
2600 191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

DEPARTMENT OF COMMUNITY DEVELOPMENT  
HUMAN SERVICES LICENSING

2a. DESCRIPTION OF VIOLATION  
Resident #4 has not been educated to the resident's right to refuse medication if the resident believes that there may be a 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.

- Resident #4 was transferred to another facility on 2/25/15.
- in progress, to be completed by May 1
- Residents are signing Agreement Addendum to be Added to File
- Scheduler Notes 4/7, 4/10, and 4/27

Immediately - The administrator will develop a tracking system to ensure all new residents are educated on the right to refuse medication or if the resident believes there is an error.

By 9/30/15 - The administrator will review records of all current residents to ensure documentation of education under 2600.191 is present. If no documentation is present, the residents will be reeducated immediately and documentation kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Martin 3-Reges*

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

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

The above plan of correction is approved as of 8/4/15 (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

*8/4/15*

APR 06 2015

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
PCH Name: RUTH M SMITH CENTER

DEPARTMENT OF COMMUNITY AND LEISURE  
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 completed for resident #5, dated 1-31-14, does not indicate if 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.

- in progress (Dr. Price was notified in Dec, News Responded)
- to be completed by 4/17
- in scheduler for supervisor to call Dr. [redacted] i have it completed / fixed to us for 4/8

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: Yes	Date(s) of Previous Violation(s):	10/24/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Mathew J. Rojas		4/3/2015
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
The above plan of correction is approved as of	<u>8/4/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by	<u>[Signature]</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

8/4/15

Violation Report: 44596 - 11/20/2014 - Whitney, Diane  
 PCH Name: RUTH M. SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600 225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required

APR 05 2015

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 10-17-13.

APR 05 2015

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.

- RASP is now Complete
- In scheduler to do RASPS Annually (Nov. ~~and~~ Feb. <sup>or</sup> Completion Dates) for All Residents

Immediately – The administrator will develop a tracking system to ensure all resident assessments are completed in the required timeframes.

By 9/1/15 - All staff persons completing assessments will be educated regarding the completion and accuracy of the document including timeframes for completion. Documentation of the training will be kept.

By 9/30/15 - The administrator will review all current resident assessments for accuracy, timeliness and completion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date	
Martha J. Rojas		4/3/2015	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of _____ (Date)		Plan of correction implementation status as of _____ (Date)	
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	