



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 21, 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 C
445980

Dear Ms. Rogus:

As a result of the Department of Human Services' licensing inspection on November 21, 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: 44598
Address: 407 South Main St., 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		RECEIVED
Certificate(s) of Occupancy Other - LP 08/28/1989 Labor & Industry		MAY 08 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 11/21/2014: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 190a	Random Indicators: 44b; 25c10; 103f; 85d; 104a	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15	Number of Residents who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 4	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

Violation Report: 44598 - 11/21/2014 - Whitney, Diane

PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa. Code §2600

Human Services Licensing

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 4-26-13, was not a Pennsylvania resident for at least 2 years prior to employment. A federal criminal background check from the Federal Bureau of Investigation was not completed.

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 ensure criminal history checks and hiring policies are in accordance with OAPSA and 6 Pa. Code Ch. 15.

All new hires will be screened for PA residency 2 years prior to employment here during interview process, and FBI background check will be completed if person has not lived in PA for 2 years prior potential employment.

Staff files were checked for others who did not live in PA 2 years prior, and will file FBI clearance.

Staff person A's FBI clearance was completed even though [redacted] lived in PA 2 years prior to employment.

(See Attached) By 4/30/15 the administrator will review all records of current staff to ensure a criminal background check is complete and in accordance with OAPSA and 6 Pa. Code Ch. 15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Mark J. Rojas

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

Mark J. Rojas

Date

5/7/15

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

The above plan of correction is approved as of

8/20/15 (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

Pa (Initials)

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

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 4-26-13, was not a Pennsylvania resident for at least 2 years prior to employment. A federal criminal background check from the Federal Bureau of Investigation was not completed.

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 A was a resident of PA, but has an Arizona Driver's License on file [redacted] photo ID requirement. and [redacted] does have an FBI Clearance on file.

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.

8/20/15

(see attached)

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
<i>Martha J. Rogers</i>			<i>5/7/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>5/20/15</i></u> (Date)		Plan of correction implementation status as of _____ (Date)	
The above plan of correction was approved by <u><i>[Signature]</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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week, in each calendar month.

2a. DESCRIPTION OF VIOLATION

The home has 3 licensed personal care homes on the same campus. Staff person D, the home's administrator, works approximately 30-40 hours per week between all 3 facilities, and is not present in each facility on average of 20 hours per week.

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

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

[The home is in the process of working with the State to hold only 1 license for all 3 Buildings, and/or applying for a waiver until 1 license can be finalized, per Board of Directors.] ^{unacceptable portion of} plan

Immediately - The home will ensure a qualified administrator is present in the home at least 20 hours per week. Documentation will be kept.

H. Stal

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mark J. Rogus* Date *5/7/15*

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

The above plan of correction is approved as of 8/20/15
(Date)

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

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(Date)

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MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A's first day of work was 4-26-13; however staff person A did not receive training on evacuation procedures until 5/1/13. Staff person A did not receive orientation on the following topics:

- * staff duties and responsibilities during fire drills
- * the designated meeting place outside the building or within the fire-safe area
- * smoking safety procedures, the home's smoking policy and the location of smoking areas
- * the location and use of fire extinguishers
- * smoke detectors and fire alarms
- * telephone use and notification of emergency services

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 A's trainings were completed on 5/3/13.
We changed our Checklist to include 1-8 with verbiage
date, "Prior to first day worked." Administrator Supervisor
will initiate training of new hires upon completion of
clearance and new hire paper work, before employee
(see attached) was the 1st day.*

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 S. Rojas

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

Martha S. Rojas

Date *5/7/15*

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(Date)

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(Date)

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(Initials)

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- Not Implemented

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A's first day of work was 4/26/13; however, staff person A did not receive orientation in any of the topics specified in 2600.65b, to include reportable incidents and conditions. Staff person A worked his/her 40th hour approximately 4/30/13.

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 A completed trainings on 5/3/13 J 8/20/15
 a Checklist is in each new hire folder for 2600.65 training regulations to be completed within first 40-hours of scheduled work and monitored by Supervisor & Administrator. Immediately - The administrator will review records of all current staff to ensure training under 2600.6 has been completed. At least quarterly, the administrator will review all staff training as part of the quality management review. Documentation will be kept.
 (see attached) J 8/20/15

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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Matthew J. Rogos</i> Matthew J. Rogos	5/7/15

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

The above plan of correction is approved as of 5/20/15 (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

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane

PCH Name: Ruth M. Smith Center

WEST 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, hired 9-9-85, received only 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.

Administrators Chazell and James did not have an annual training plan for incoming administrators. An annual training plan is now in place and each staff member will receive 12 hours of annual training. New Director's first day was May 19, 2014 and first-time administrators.

Immediately - The administrator will review all staff training records to ensure all direct care staff has completed 12 hours of annual training. Training will be reviewed at least quarterly thereafter as part of the quality management review. Documentation will be kept in binder.

(see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

M. J. Royce

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

M. J. Royce

Date

5/7/15

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The above plan of correction is approved as of

5/20/15 (Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

MJ (Initials)

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

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - 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 on 9-9-85, 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.

An annual training plan is now in place with "safe management techniques" and all other requirements. If as staff miss a training date, there will be an opportunity for a make-up training session. Staff person C will be trained in 1-7 topics and documented in her file.

Immediately - The administrator will review all staff training to ensure all staff has received training on all topics under 2600.65. A quarterly review will be completed (see attached) hereafter as part of a quality management review. 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)

Martha J. Lopez

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

Martha J. Lopez

Date: 5/7/15

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The above plan of correction is approved as of 5/22/15
(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

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MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane

PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 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 9-9-85, did not receive annual training in resident rights 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 is being trained in these central areas for 2015, and an Annual Plan for all staff is in place. The Administrative in 2013 is no longer true.

Immediately the administrator will review all current staff records to ensure all training under 2600.65(g) is completed annually. A quarterly review of all staff training will be completed. The need for a quality management review documentation will be kept.

(see attached) 5/8/2015

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Martin J. Rogers

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

Martin J. Rogers

Date

5/7/15

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

The above plan of correction is approved as of

5/20/15
(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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #2 does not have a source of light that can be turned on/off from bedside.

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 #2 ^{is now} ~~will~~ be provided with a light that can be turned off & on from the bedside.
Immediately - all staff persons will be educated on this requirement and directed to monitor residents' bedside lighting daily, as part of their regular duties.
By 9/30/15 - The administrator or designee will monitor resident rooms at least weekly, to ensure operable bedside lighting is present.

MSR/15

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Martha J. Rogers* Date *5/7/2015*

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

The above plan of correction is approved as of 5/7/2015
(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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION 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 procedures 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.

The Emergency Procedures for the Municipality are now posted in a conspicuous & public place, and Administration will check monthly for posting.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mark J. Rogan* Date *5/7/2015*

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

The above plan of correction is approved as of *5/6/15*
(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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD 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.

On 4/3/15 - a letter was sent to the Myfield Volunteer Fire Dept. with mobility needs of Residents and Bedroom Locations for in the event of an Evacuation.

case details

(see attached)

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
Martha J. Rojas *5/7/15*

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The above plan of correction is approved as of 5/7/15 (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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

No operable fire extinguisher with a minimum 2-A rating was present in the home's attic.

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 fire extinguisher was installed in the attic.

By 7/30/15 the administrator or designee will monitor the home at least monthly to ensure at least one operable fire extinguisher, with a minimum 2-A rating, is present on each floor, including the attic.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Martin J. Rogus

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

Martin J. Rogus

Date *5/6/15*

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

The above plan of correction is approved as of

5/20/15
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
 PCH Name: Ruth M. Smith Center

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

MAY 08 2015

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill in January 2014.

WEST REGION FIELD OFFICE
 Human Services Licensing

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 supervisor in charge of fire drill documentation is no longer employed here. Fire drills are now monitored and documented as listed on the task sheet so staff will know to conduct and document monthly fire drills.

Immediately - The administrative will ensure an unannounced fire drill is conducted in the home each month. The administrator will review the fire drill log at least monthly.

5/8/2015

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Martha J. Rogan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Martha J. Rogan* Date

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

The above plan of correction is approved as of 5/20/15
 (Date)

Plan of correction implementation status as of _____
 (Date)

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

- Fully Implemented
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Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
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 each monthly fire drill conducted between November 2013 through November 2014 only indicates the month and year the fire drill was conducted and does include the date.

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 dates of fire drills will be included on monthly fire drill records and added to the Supervisors Checklist for correctness. Staff was made aware to include the full date.

Immediately - The administrator will review the fire drill log monthly to ensure it is complete and contains all required information.

2/2/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus* Date *5/6/15*

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

The above plan of correction is approved as of 8/2/15 (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

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

A fire safety expert has not designated a maximum safe evacuation time greater than 2 minutes, 30 seconds. The following fire drills conducted exceeded 2 minutes, 30 seconds:
* March 2014 at 2:43 am: 3 minutes, 17 seconds
* April 2014 at 11:05 am: 3 minutes, 5 seconds
* October 2014 at 9:00 am: 3 minutes, 25 seconds

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

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

Immediately - All residents and staff persons will be educated on the requirement.

The home was practicing to get fire drill evacuations at or under 2 minutes, 30 seconds. Resident #3, no longer in the home and so most fire drills are now under the designated time.

Supervisor will discuss averages with staff on duty. error problems will be noted on document, in order to correct & meet time.

Immediately - The administrator will observe fire drills in September October and November 2015 to ensure evacuations are completed in the required time, 2 minutes and 30 seconds.

April 15

on 8/20/15

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

Signature of Legal Entity Representative
(Required on EVERY Page)

M. Reynolds

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

M. Reynolds

Date *5/7/15*

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

The above plan of correction is approved as of 8/20/15
(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: 44598 - 11/21/2014 - Whitney, Diane
 PCH Name: Ruth M. Smith Center

RECEIVED

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

MAY 08 2015

WEST REGIONAL FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #3, dated 6-26-14, does not include diagnoses, height, weight, temperature, pulse or a current list of 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 #3 no longer resides here. Supervisor provides a copy to the administrator and both will check for completion. If an omission is found, Supervisor will call health care provider to have medical evaluation completed in full.

Immediately The administrator will review all current medical evaluations to ensure they are complete. Any medical evaluations that are missing information will be returned to the physician for completion.

*Immediately - all staff persons involved with the medical evaluation process will be educated on the required contents
 Immediately - The administrator will develop and implement a tracking system to ensure all medical evaluations are completed in full and in the required time frame.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Martha J. Rogus

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

Martha J. Rogus

Date

5/6/15

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The above plan of correction is approved as of

5/20/15
 (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: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

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1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

MAY 08 2015

2a. DESCRIPTION OF VIOLATION
Resident #2's last medical evaluation was completed on 7-13-11.

WEST REGION FIELD OFFICE
Human Services Licensing

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 #2 did have a Medical Evaluation but health care provider did not complete paper work. Health care providers will be reminded we need the paper work to remain in compliance.

Also, there may have been issues with a previous

Supervisor in scheduling appointments. She is no longer here.

By 10/15/15 - The administrator will review all records of current residents to ensure a current, complete medical evaluation is present in each record. Any medical evaluations due will be scheduled immediately.

Immediately - The administrator will develop and implement a tracking system to ensure all medical evaluations are scheduled at least annually and documented on the Department approved form.

8/21/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus*

Date *5/6/15*

8/21/15

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The above plan of correction is approved as of 8/20/15 (Date)

Plan of correction implementation status as of _____ (Date)

- Fully Implemented
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The above plan of correction was approved by _____ (Initials)

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
 PCH Name: Ruth M. Smith Center

1. REGULATION 65 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.

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 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The November 2014 medication administration record (MAR) for resident #1 does not include a diagnosis or purpose for the following medications:

- * Utiicare insulin
- * Citalopram HBR
- * Fenofibrate
- * Docusate Sodium
- * Lantus
- * Fluvirin
- * Entrust Plus
- * Metformin

The November 2014 MAR for resident #2 does not include a diagnosis or purpose for the following medications:

- * Omeprazole

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 now includes diagnosis or purpose when MARs arrive from pharmacy, if not pre-printed. Any omissions will be hand-written and at least monthly thereafter the administrator or designee will review each resident's MAR to ensure all required information is included.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Matthew Rogus

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

Matthew J. Rogus

Date 5/6/15

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

The above plan of correction is approved as of 5/20/15
 (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

5/20/15

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
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 A has not successfully completed the Department-approved medications administration course. According to resident #1's November 2014 MAR, staff person A administered medications to resident #1 at 8:00 A.M. on 11-1-14 and 11-15-14, to include the following:

- * Clozapine-100mg tablets
- * Lisinopril-5mg tablets

Staff person A also administered medications to resident #1 at 8:00 A.M. on 11-15-14, to include the following:

- * Omeprazole-20mg capsule
- * Tolterodine-2mg capsule

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 A completed Department-approved medication administration training 11/26/2014. New staff will not administer medications until s/he Department-approved medication administration training is completed with a passing grade.

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):

Signature of Legal Entity Representative
(Required on EVERY Page) *Masha J. Rogos*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Masha J. Rogos* Date *5/6/15*

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

The above plan of correction is approved as of 8/20/15
(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

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - 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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2, admitted on 8/27/10, 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.

Handwritten initials

4-1-15 - Resident #2 was educated on the right to refuse medication if believed to be in error, and signed a paper which includes the right. This right-of-refusal was also added to the "Resident's Rights," the resident reviews, reads with administrators, and signs for permanent file upon admission. All other current residents also were educated and signed.

Immediately - The administrator will review the records for all new admissions to ensure all required documentation is present, including the education of the resident on the right to refuse medication.

Handwritten initials

(see attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Handwritten signature: Martha J. Rogus

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

Printed name: Martha J. Rogus

Date

5/6/15

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

The above plan of correction is approved as of

8/20/15
(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

Handwritten initials: MR
(Initials)

Violation Report: 44598 - 11/21/2014 - Whitney, Diane
PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 3-21-14. The home has not completed an assessment for the resident.

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

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

Resident #4 is no longer here. The current administrator was not here until 5/19/14 and was not aware the RASP was incomplete. Administrator checked and updated all resident RASPs, and all are current. Administrator noted and scheduled RASP expiration dates, and 15-Days for new residents. RASPs will also be changed if residents' care changes significantly.

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

By 9/30/15 - 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.

Jan 8/20/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Martha J. Rogus* Date *5/6/15*

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

The above plan of correction is approved as of <u><i>8/20/15</i></u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</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: 44598 - 11/21/2014 - 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.

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MAY 08 2015

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 2-3-14; however, the previous assessment was completed on 2-8-12.

The most recent assessment for resident #2 was completed on 8-7-13.

The most recent assessment for resident #3 was completed on 5-22-13.

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.

*5-6-15 Resident #1 RASP is now up-to-date.
 5-6-15 Resident #2's RASP is now up-to-date.
 5-6-15 Resident #3's RASP is now up-to-date.*

Administrators scheduled future RASP dates for completion according to 2600.225(c), for all residents.

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

By 9/30/15 - 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.

Jan 8/20/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Martin J. Rogus</i>
--	------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Martin J. Rogus</i>	<i>5/6/2015</i>

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The above plan of correction is approved as of 5/6/15
 (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

MAY 08 2015

Violation Report: 44598 - 11/21/2014 - Whitney, Diane

PCH Name: Ruth M. Smith Center

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the home on 3-21-14. The home has not completed a support plan for the resident.

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

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

Resident #4 is no longer here. The current administrator started working here 5/19/2014 and was not aware her RASP was incomplete. The current administrator checked & updated all Resident RASPs, and all are now current. Administrator notes and scheduled RASPs for future reference & due dates, with notes 15-day's completion for new residents - and to change RASPs if Resident case changes substantially.

By 10/31/15 - All staff persons completing support plans will be educated regarding the completion and accuracy of the document including documentation of each residents care, needs and services and timeframes for completion.

By 10/31/15 - The administrator will develop and implement a tracking system to ensure support plans are completed within 30 days of admission and at least annually thereafter.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Martha J. Rogers</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Martha J. Rogers	5/7/15

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

The above plan of correction is approved as of <u>8/20/15</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

8/20/15