



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Leslie Wagner, Executive Director
Ruth M. Smith Center
Building C
P.O. Box 576, 407 South Main Street
Sheffield, Pennsylvania 16347


RE: Ruth M. Smith Center
License #: 445980

Dear Ms. Wagner:

As a result of the Department of Human Services' annual licensing inspections on April 8, 2015, May 28, 2015, May 29, 2015, June 17, 2015, and December 3, 2015 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,


Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: RUTH M SMITH CENTER		License Number: 44598
Address: 407 SOUTH MAIN STREET, 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 LP 08/28/1989 PA L&I		NOV 21 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/08/2015: Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 2 Have Mental Illness: 3 Have an Intellectual Disability: 4 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 44698 - 04/08/2015 - Pfaff, Vicki
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 3/1/15, resident #1 left the home and went to a local store and purchased 40 over the counter sleep aid pills. Later that night the resident took the pills in an attempt to commit suicide. On 3/2/15, the resident was seen by a physician for a regular appointment where the resident admitted to taking the pills and the attempted suicide. The home did not report the incident to the Department until 3/4/15.

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 Immediately: All incident reports shall be reported as per regulation 2600.16(c)
- B Staff re-presented with the DHS regulation 55 Pa. Code 2600 including:
 2600.16(c) and 2600.15 relating to abuse reporting on 10/8/2015
- C The current Administrator as of 7/2/2015 has successfully completed the required 100 hour Administrator training per 2600.64 and will remain in compliance with all regulations

Immediately - The administrator will review all incidents at the home at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

By 3/31/16 and at least quarterly thereafter - The administrator will review all reportable incidents and conditions quarterly as part of a quality management review to review for patterns and ensure all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department within the required time frame and by the required reporting method.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Executive Director</i>			Date <i>11-21-15</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!				
The above plan of correction is approved as of <u>2/17/16</u> (Date)		Plan of correction implementation status as of <u>2/17/16</u> (Date)		
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented		

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NOV 21 2015

Violation Report: 44598 - 04/08/2015 - Pfaff, Vicki
 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 A did not receive training on infection control, care for residents with dementia and cognitive impairments and care for residents with mental illness during the 2014 training year.

Direct care staff person B did not receive training on care for residents with dementia and cognitive impairments and care for residents with mental illness during the 2014 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 all staff re-presented with training per regulation 2600.65(f)

Infection control:

5/21/2015

Care for residents with mental illness:

4/16/2015

Care for residents with dementia and cognitive impairments:

4/16/2015

Current Administrator as of 7/2/2015 has a training plan in place as per regulation 2600.66a.

By 3/31/16 and at least quarterly thereafter – The administrator will review all staff training at least quarterly as part of a quality management review to ensure all staff persons complete all required trainings in accordance with 2600.65f.

Documentation of trainings will be kept in Administrators office and be available for review if necessary 2600.65(i)

Handwritten note: 2/17/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cestiel Wagner Executive Director* Date: *11-21-15*

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The above plan of correction is approved as of 2/17/16
 (Date)

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

Plan of correction implementation status as of 2/17/16
 (Date)

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

NOV 21 2015

Violation Report: 44508 - 04/08/2015 - Pfaff, Vicki
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 A did not receive training on emergency preparedness, Older Adult Protective Services Act or falls and accident prevention during the 2014 training year.

Direct care staff person B did not receive training on emergency preparedness, Older Adult Protective Services Act or falls and accident prevention during the 2014 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.

- 1) Immediately all staff re-presented with training per regulation 2600.65(f)
- 2) Emergency Preparedness: 5/21/2015
- 4) Older Adult Protective Services Act: 10/8/2015
- 5) Falls and accident prevention 6/20/2015 & 6/29/2015

Current Administrator as of 7/2/2015 has a training plan in place as per regulation 2600.66

Documentation of trainings will be kept in Administrators office and be available for review if necessary 2600.65(i)

Jan 21/16

By 3/31/16 and at least quarterly thereafter – The administrator will review all staff training at least quarterly as part of a quality management review to ensure all staff persons complete all required trainings in accordance with 2600.65g.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Executive Director</i>	Date <i>11-21-15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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(Date)

Plan of correction implementation status as of *2/17/16*
(Date)

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

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

page 6
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NOV 21 2015

Violation Report: 44598 - 04/08/2015 - Pfaff, Vicki
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 3/1/15, resident #1 left the home and went to a local store and purchased 40 over the counter sleep aid pills. Later that night the resident took the pills in an attempt to commit suicide. On 3/2/15, the resident was seen by a physician for a regular appointment where the resident admitted to taking the pills and the attempted suicide.

Resident #1's pre-admission screening completed by staff person C, the home's administrator on 2/9/15 which indicates the resident has suicidal ideation. However, the level of supervision on the document indicates None.

Resident #1 was admitted to the home on 2/17/15. The resident was taken to the hospital on 2/20/15 for suicidal ideations. The resident returned to the home on 2/27/15. The home's direct care staff was not notified of the resident's previous attempts to commit suicide or the resident's suicidal ideations. Positive interventions were not provided to protect resident #1.

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 resident RASP'S reflect their Pre-screening,
- Staff person C is no longer employed by The Ruth M. Smith Center

The current Administrator has successfully completed the required 100 hour Administrator training per regulation 2600.64

Documentation will remain in compliance with regulation 2600.22 and be available for review per regulation 2600.254

By 1/30/16 - All staff persons, including the administrator will have training on positive interventions from an outside source not affiliated with the home. Documentation shall be kept. 2/27/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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(Initials)

Plan of correction implementation status as of 2/17/16
(Date)

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

NOV 21 2015

Violation Report: 44598 - 04/08/2015 - Pfaff, Vicki
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1's preadmission screening completed by staff person C, the home's administrator, on 2/9/15 indicates the resident has suicidal ideation. However, the level of supervision on the document indicates None.

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 resident RASP'S reflect their Pre-screening.
- Staff person C is no longer employed by The Ruth M. Smith Center
- Resident #1 has since relocated to another facility in Warren County

unacceptable portion of plan

The current Administrator has successfully completed the required 100 hour Administrator training per regulation 2600.64

Documentation will remain in compliance with regulation 2600.22 and be available for review per regulation 2600.254

Immediately. The administrator or designee will complete a thorough resident pre-screening and accurately document the screening on the form required by the Department, to include accurate determination of supervision needs.

11/17/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cestlie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cestlie Wagner Executive Director* Date *11-21-15*

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The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

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

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: RUTH M SMITH CENTER		License Number: 44598
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Martha J. 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 - LP 08/28/1989 Labor & Industry		RECEIVED NOV 21 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Incident		
On-Site Inspections Dates and Department Representatives On-Site 05/28/2015: Whitney, Diane; Cutter, Jan 05/29/2015: Whitney, Diane; Cutter, Jan 06/17/2015: Whitney, Diane; Breuer, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 06/24/2015: Whitney, Diane 07/09/2015: Whitney, Diane 07/16/2015: Whitney, Diane		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 3 Have Mental Illness: 2 Have an Intellectual Disability: 3 Have a Mobility Need: 1 Have a Physical Disability: 0

NOV 27 2015

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

On 6/1/15, at approximately 10:50 a.m., resident #⁴ made a physical attempt to commit suicide by picking up a knife, holding near his/her stomach area and stating "I can't go on." The home did not report the incident to the Department until 6/10/15.

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 resident RASP'S reflect their Pre-screening,
- Staff person C is no longer employed by The Ruth M. Smith Center
- All incidents shall be reported as per regulation 2600.16(c)
- Staff re-presented with DHS regulation 2600.16(c) and 2600.15 relating to abuse reporting

The current Administrator as of 7/2/2015 has successfully completed the required 100 hour Administrator training per regulation 2600.64

Documentation will remain in compliance with regulation 2600.^{16c}~~22~~ and be available for review per regulation 2600.254

Immediately - The administrator will review all incidents at the home at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

By 3/31/16 and at least quarterly thereafter - The administrator will review all reportable incidents and conditions quarterly as part of a quality management review to review for patterns and ensure all reportable incidents and conditions as outlined under Chapter 2600.16b are reported to the Department within the required time frame and by the required reporting method.

dm 2/17/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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NOV 21 2015

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 6-1-15, at approximately 10:50 a.m., resident #4, who is diagnosed with anxiety disorder, depression, and has a history of suicidal ideations, was observed in the kitchen by staff person B with a kitchen knife near the resident's stomach area, stating "I can't go on." Staff person B removed the knife from the resident's hand. The resident is ordered Sertraline, 150mg, once per day at 9 p.m. for depression and Lorazepam, 0.5mg, 3 times per day, at 8 a.m., 4 p.m. and 9 p.m. for anxiety. According to the resident's assessment and support plan, dated 4-20-15, the resident needs total assistance in managing health care and the home is responsible for ordering medications.

However, the home failed to administer Sertraline 150 mg to the resident on 5-30-15 at 9 p.m. and 5-31-15 at 9 p.m., and failed to administer Lorazepam .05mg on 5-31-15 at 4 p.m. and 9 p.m. as the medications were not available in the home. The regular pharmacy was closed on 5-30-15 and 5-31-15 and the home did not find an alternative pharmacy to obtain the 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:

All staff has been re-presented with Regulation 2600.42

The task of securing enough medications for residents has been added to the task sheet for all supervisors.

Gaughn's Drug Store has been added as a back-up pharmacy in the event our

regular pharmacy cannot accommodate our resident needs or is closed.

Immediately - The administrator will review and update the procedures for the safe storage, access, security, distribution and use of medications to include that all medications prescribed for residents will be available in the home, including PRN medications.

Immediately - All staff persons involved in medication will be educated on the updated procedures. Documentation will be kept.

Immediately - A designated staff person will conduct a check of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure prescribed medications are available in the home, including PRN medications.

Immediately - The administrator or designee will complete a full medication audit, at least monthly, to ensure all medications are available in the home for administration for each resident at all times. Documentation will be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of *2/17/16*
(Date)

Plan of correction implementation status as of *2/17/16*
(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: 44598 - 05/28/2015 - 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 F, 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.

Immediately:

There was a waiver in process to limit the need for additional Administrator's due to financial difficulties. The waiver was denied and then appealed. Currently, The Ruth M. Smith Center is working with DHS to resolve this matter.

Staff person F is no longer employed with The Ruth M. Smith Center.

The current Administrator has been trained per Regulation 2600.64

A waiver for 2600.56 was approved by the Department on 11/19/15.

The administrator will ensure that all waiver conditions are followed including: one qualified administrator in charge of the campus containing the three licensed personal care home buildings. The administrator will be present on the campus at least 25 hours a week, and the administrator shall conduct rounds in all three licensed personal care home buildings whenever he/she is on the campus.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Executive Director</i>	Date <i>11-21-15</i>
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The above plan of correction is approved as of 2/17/16
 (Date)

Plan of correction implementation status as of 2/17/16
 (Date)

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

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

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NOV 21 2015

Violation Report: 44598 - 05/28/2015 - 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 A received only 6 hours of annual during the 2014 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 has implemented a training schedule as per Regulation 2600.65

The current administrator has completed the DHS required 100 hour administrator training per regulation 2600.66

Documentation of staff training will be kept in the Administrator's office and be available for review if necessary per regulation 2600.65(i)

By 3/31/16 and at least quarterly thereafter – The administrator will review all staff training at least quarterly as part of a quality management review to ensure all staff persons complete at least 12 hours of annual training related to their job duties.

[Handwritten signature]

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Executive Director</i>			Date <i>11-21-15</i>

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

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NOV 21 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2800
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home routinely preschedules fire drills by marking the day and the shift on a calendar in the supervisor's office and are therefore announced in advance to staff. The one staff person on duty in the home conducts the drill and assists in evacuating residents.

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 is on site to initiate unannounced fire drills pre regulation 2600.132

The current administrator has completed the DHS required 100 hour administrator training per regulation 2600.66

A schedule has been created by the current administrator and is available for review if necessary to remain in compliance with DHS

As of August 2015, monthly fire drills have been conducted and all are unannounced. Fire drill schedules no longer indicated in the home.

Immediately - The administrator will ensure a monthly, unannounced fire drill is conducted in the home, whereby the alarm is activated by a staff person who is not working in the home, such as the administrator or maintenance staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of 2/17/16 (Date) Plan of correction implementation status as of 2/17/16 (Date)

- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented
- The above plan of correction was approved by *[Signature]* (Initials)

NOV 21 2015

Violation Report: 44598 - 05/28/2015 - 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 the drill conducted in December 2014 at 2 a.m., does not include the actual date the fire drill was conducted.

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

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

Immediately:

All staff has been re-presented with regulation 2600.132(c) The home is now using the BMSL recommended fire drill form. *Jan 21, 2016*

Supervisors have added to their monthly task sheets to check documentation of fire drills to be sure we are in compliance with regulation 2600.132(c)

Fire drill records now include all required information.

Immediately - The administrator will review all fire drill records after each fire drill to ensure all required information is documented. *2/17/16*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of 2/17/16
(Date)

Plan of correction implementation status as of 2/17/16
(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 - 05/28/2015 - 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
The evacuation time for the fire drill conducted in December 2015 at 2:00 A.M. was 4 minutes, 13 seconds. The home does not have an evacuation time designated in writing by a fire-safety expert within the past year permitting an evacuation time greater than 2 minutes and 30 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:

An annual fire drill was conducted with-in all buildings on 9-15-2015.
All Buildings are in compliance with DHS regulations, and fire drill evacuations are under 2 minutes and 30 seconds.

All staff has been re-presented with DHS regulation 2600.132(d)

The supervisor in each building has been instructed to review all documentation of monthly fire drills.
All fire drill records will reflect the proper evacuation time allotted by the local fire department.

The administrator updated the fire drill procedures on 2/5/16.

Immediately - The administrator will ensure all fire drill evacuation times are under 2 minutes, 30 seconds.

2/5/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11/21/15*

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

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(Date)

Plan of correction implementation status as of 2/17/16
(Date)

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(Initials)

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

Violation Report: 44598 - 05/28/2015 - 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)

NOV 21 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation, signed by the physician on 4-28-14, for resident #1, is blank in the following areas:

- * Date resident was evaluated by the physician
- * Date the form was completed
- * General physical examination, including blood pressure, height, weight, temperature
- * Ability to self-administer 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:

Resident #1 has had a medical evaluation on 6-2-2015.
The medical evaluation for resident #1 has the proper documentation per DHS regulation 2600.141(a)
(2)

All supervisors and staff have been re-presented with DHS regulation 2600.141

~~The Administrator will review all fire drill records to ensure proper documentation monthly.~~ Jan 21/2/16

Immediately - The administrator will develop a review system
ensure all residents' medical evaluations are completed
in their entirety and include all required information.

By 3/13/16 - The administrator will review the medical
evaluations of all current residents to ensure they are
completed in their entirety.

2/17/16

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ceslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of 2/17/16
(Date)

Plan of correction implementation status as of 2/17/16
(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 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

RECEIVED

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

NOV 21 2015

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The most recent medical evaluation for resident #1 was completed on 4-28-14.

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:

Resident has a medical evaluation dated 6-2-2015

All supervisors have been re-presented with DHS regulation 2600.141(a) (2)

The Administrator will review all medical evaluations to ensure proper documentation and schedule annual updates for resident records

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leslie Wagner

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

Leslie Wagner Executive Director

Date 11-2-15

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

The above plan of correction is approved as of 2/17/16
(Date)

Plan of correction implementation status as of 2/17/16
(Date)

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

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

NOV 21 2015

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

On 5-29-15, at approximately 1:45 p.m., agents of the Department witnessed staff person B smoking on the side porch of the home. This is not the home's designated smoking area. The designated smoking area is in the driveway below the side porch.

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:

Staff person B has been re-presented with regulation 2600.144(c)(2)

All staff has been re-presented with DHS regulation 2600.144(c)(2)

A discipline procedure has been put into effect for any staff found not following DHS regulations

Immediately - A designated staff person will monitor the home daily, and on each shift, to ensure smoking is only in a designated smoking area.

Immediately - The administrator will monitor the home at least 3 times per week, to ensure smoking is only in the designated smoking area.

2

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Executive Director* Date *11/21/15*

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

The above plan of correction is approved as of 2/17/16 (Date) Plan of correction implementation status as of 2/17/16 (Date)

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

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

Violation Report: 44598 - 05/25/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #4 is ordered Sertraline, 150mg, once per day at 9 p.m. This medication was not available in the home on 5-30-15 and 5-31-15.

Resident #4 is ordered Lorazepam, 0.5mg, 3 times per day, at 8 a.m., 4 p.m. and 9 p.m. This medication was not available in the home on 5-31-15 at 4 p.m. and 9 p.m., and 6-1-15 at 6 a.m.

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:

Gaughn's Drug Store has been implemented as a "back up" pharmacy
Staff has been re-presented with Regulation 2600.185(a)

Supervisors have been instructed to review medications weekly to ensure there is enough

MAR reviews are scheduled quarterly per Regulation 2600.190

Immediately - The administrator will review and update the procedures for the safe storage, access, security, distribution and use of medications to include medication reordering procedures to ensure all medications prescribed for residents will be available in the home, including PRN medications.

Immediately - All staff persons involved in medication will be educated on the updated procedures. Documentation will be kept.

Immediately - A designated staff person will conduct a check of resident prescriptions, physician orders and medications to ensure all prescribed medications are available in the home for administration. This designated staff person will audit the medication cart and MAR's at least weekly to ensure prescribed medications are available in the home, including PRN medications.

Immediately - The administrator or designee will complete a full medication audit, at least monthly, to ensure all medications are available in the home for administration for each resident at all times. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Geslie Wagner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Geslie Wagner Executive Director</i>			Date <i>11-21-15</i>

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

The above plan of correction is approved as of <u>2/17/16</u> (Date)	Plan of correction implementation status as of <u>2/17/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44598 - 05/28/2015 - 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.

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 NOV 21 2015
 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The May 2015 medication administration record (MAR) for resident #1 does not include a diagnosis or purpose for Risperidone.

The May 2015 MAR for resident #2 does not include a diagnosis or purpose for the following medications:

- * Ultracare insulin, 1unit subq as directed
- * Detrol, 2mg, 1 capsule per day
- * Delsym 30mg/5m, 1 tablet by mouth at bedtime as needed
- * Ketoconazole 2% medicated shampoo

The May 2015 MAR for resident #3 does not include the diagnosis or purpose for the following medications:

- * Triamcinolone 0.5% cream, apply to left eye lid
- * Ketoconazole 2% medicated shampoo

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:
- A. All staff has been re-presented with regulation 2600.187(a)
 - B. MAR reviews are scheduled quarterly per regulation 2600.190

Immediately - The administrator or designee will complete a full medication audit, at least monthly, to ensure the MAR is complete and contains all required information, including the diagnosis or purpose of each medication. 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)	
<i>Leslie Wagner</i>	

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leslie Wagner Executive Director</i>	<i>11-21-15</i>

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

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The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 21 2015

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #4 is ordered Lorazepam, 0.5mg, 3 times per day, at 8 a.m., 4 p.m. and 9 p.m. The medication was administered at 9 p.m. on 5-3-15, 5-8-15, 5-11-15, 5-16-15, and 5-17-15; however, staff person C did not initial the May 2015 MAR as having administered the medication.

Resident #4 is ordered Ammonium Lactate cream, apply to affected area twice per day. The medication was administered at 8 a.m. on 5-7-15, 5-9-15, and 5-23-15; however, staff person D did not initial the May 2015 MAR as having administered the medication. Also, the medication was administered on 5-26-15 at 8 a.m.; however, staff person E did not initial the May 2015 MAR as having administered the medication.

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

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

Immediately:

All staff has been re-presented with regulation 2600.187(b), 2600.187(a)¹³, 2600.187(a) (14)

All staff has been re-presented with Medication Administration regulation 2600.190

Supervisors have been assigned the task of reviewing MAR's daily, and on each shift. 2/17/15

MAR reviews are being done as per Medication Administration Training

Immediately - The administrator or designee will review the MAR at least weekly, to ensure documentation of medication administration is complete and accurate.

[Signature]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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The above plan of correction is approved as of *2/17/16* (Date)

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

Plan of correction implementation status as of *2/17/16* (Date)

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

Violation Report: 44598 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 is ordered Sertraline, 150mg, once per day at 9 p.m. This medication was not administered to the resident on 5-30-15 and 5-31-15, as it was not available in the home.
 Resident #4 is ordered Lorazepam, 0.5mg, 3 times per day, at 8 a.m., 4 p.m., and 9 p.m. This medication was not administered to the resident on 5-31-15 at 4 p.m. and 9 p.m., and 6-1-15 at 8 a.m., as it was not available in the home.

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

Immediately:
 All staff has been re-presented with regulation 2600.187(d)
 Supervisors have been assigned the task of reviewing MAR's daily
 MAR reviews are being conducted as per DHS Medication Administration Training

Immediately - The administrator will review and update the procedures for the safe storage, access, security, distribution and use of medications to include medication reordering procedures to ensure all medications prescribed for residents will be available in the home, including PRN medications.

Immediately - All staff persons involved in medication will be educated on the updated procedures. Documentation will be kept.

Immediately - The administrator or designee will complete a full medication audit, at least monthly, to ensure all prescribed medication is available in the home. Documentation will be kept.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Executive Director</i>			Date <i>11-21-15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>2/2/16</i></u> (Date)		Plan of correction implementation status as of <u><i>2/2/16</i></u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 44598 - 05/28/2015 - 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 [redacted] 15; however, the resident's assessment was not completed until 4-20-15. Also, the resident was admitted to the home from the hospital where the resident was evaluated for depression with suicidal ideations. This is not addressed in the resident's assessment, dated 4-20-15. Also, on 6-2-15, the resident was placed on 15-minute checks for safety; however, the assessment indicates minimal supervision needed and does not address the 15-minute safety checks.

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 at the time of this violation is no longer employed by The Ruth M. Smith Center. The current Administrator has completed the DHS required 100 hour Administrator course and has licensure.

All resident assessments are being done as per DHS regulation 2600.225(a) and are being updated as needed per resident needs or at least yearly

Records are available for review in the Administrators office

Immediately - The administrator will review the assessments of all current residents to ensure they are complete and accurate, and updated when necessary.

Immediately - all staff persons will be educated on the contents of resident assessments and directed to inform the administrator of any changes in resident needs.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of <u>2/17/16</u> (Date)	Plan of correction implementation status as of <u>2/17/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2/17/16

RECEIVED

NOV 21 2015

Violation Report: 44598 - 05/28/2015 - 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 [redacted] 15; however, the resident's support plan was not completed until 4-20-15.

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 at the time of this violation is no longer employed by The Ruth M. Smith Center. The current Administrator has completed the DHS required 100 hour Administrator course and has licensure.

All resident assessments are being done as per DHS regulation 2600.227(a) and are being updated as needed per resident needs or at least yearly.

Records are available for review in the Administrators office

Immediately - The administrator will review the support plans of all current residents to ensure each is complete and accurate and timely.

Immediately - The administrator will develop a system to ensure all resident support plans are completed within the required time frames.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner Executive Director* Date *11-21-15*

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

The above plan of correction is approved as of 2/17/16 (Date)

Plan of correction implementation status as of 2/17/16 (Date)

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

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

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: RUTH M SMITH CENTER		License Number: 44598
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Leslie Wagner		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy		FEB 05 2016
Other-LPCH 08/28/1989 Labor & Industry		[Signature]
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 12/03/2015: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 8 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 3 Have Mental Illness: 2 Have an Intellectual Disability: 4 Have a Mobility Need: 1 Have a Physical Disability: 2	

Violation Report: 44598 - 12/03/2015 - 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.

1 FEB 05 2016

2a. DESCRIPTION OF VIOLATION

The latest assessment for resident #2 is dated 12-16-14. The prior assessment is dated 5-23-13.

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.

Immediately Resident #1 has a current RASP dated 12-14-15

Administrator has a schedule to follow when RASP updates are due and will remain in compliance with DHS Regulation 2600.225(c).

All records will be available for review to DHS when necessary and are kept in Administrator's office.

Immediately - The administrator will review the assessments of all current residents to ensure all are timely and accurate.

2/17/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner - Administrator</i>	Date <i>2-5-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/17/16
 (Date)

Plan of correction implementation status as of 2/17/16
 (Date)

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

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