



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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

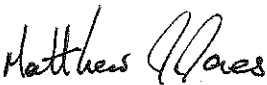
RE: Ruth M. Smith Center
License #: 445950

Dear Ms. Wagner:

As a result of the Department of Human Services' annual licensing inspections on May 28, 2015, May 29, 2015, June 17, 2015 and December 2, 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 ^{SH}

Enclosure
License Inspection Summary

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

PCH Name: RUTH M SMITH CENTER		License Number: 44595
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 LPCH 11/25/1983 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 11 Waking Staff: 8		
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 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 06/26/2015: Whitney, Diane		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 Number of Residents Served: 10 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 2 Have Mental Illness: 4 Have an Intellectual Disability: 6 Have a Mobility Need: 1 Have a Physical Disability: 0	

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AUG 20 2015 Page 2 of 7

Violation Report: 44595 - 05/28/2015 - Whitney, D.ane
 PCH Name: RUTH M SMITH CENTER
 REGIONAL FIELD OFFICE
 Health 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 C, the home's administrator, works approximately 30-40 hours per week at all 3 homes, and is not present in Building A an 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

There is an appeal in process currently to incorporate three licenses into one license.

In the event the appeal is denied, we will hire an assistant administrator to comply with DPW regulations

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):

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 *8-20-15*

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

The above plan of correction is approved as of 2/8/16
 (Date)

Plan of correction implementation status as of 2/8/16
 (Date)

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

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

AUG 20 2015

Violation Report: 44595 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

REGIONAL FIELD OFFICE
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 in resident rights and accident and falls prevention during training year 2014.

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

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.

Direct care staff person B completed training in falls and accident prevention on 6-19-2015, resident rights 5-2015, older adult protective services and emergency preparedness training is scheduled for September and October of 2015 and will then be in compliance.

Immediately - The administrator will review the training plan for each staff person at least quarterly, as part of the quality management plan, to ensure all staff persons receive all required annual trainings timely.

Dr. Della

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>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Leslie Wagner Executive Director</i>	<i>8-2015</i>

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(Initials)

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Violation Report: 44695 - 06/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800 82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 6-17-15, the following poisons, with manufacturer's labels indicating if ingested "contact poison control or get medical attention immediately" were unlocked, unattended and accessible to residents in the staff closet:

- * 1 90 oz. bottle of Fabuloso multipurpose cleaner
- * 1 19oz. can of disinfectant spray
- * 1 gallon bottle of Floor-zyme hard surface cleaner
- * 1 gallon bottle of fryer and grill cleaner

Residents of the home, including resident #3, have not been assessed capable of recognizing and using poisons safely.

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

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

An auto-locking doorknob has been installed. A key must be used to gain entry to this closet.

All staff educated on keeping closet locked.

Immediately - I designate a staff person, daily and on each shift, will ensure all poisonous materials are kept locked at all times, and inaccessible to residents

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

2/8/16

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 *8-20-15*

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Violation Report: 44595 - C5/28/2015 - Whitney, Diane
PCH Name: RUIH M SMITH CENTER

AUG 20 2015

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

WEST PENNSYLVANIA FIELD OFFICE
Nursing Services Licensing

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 staff person conducting the drill also 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.

The home is currently conducting unannounced fire drills as per REG 2600.55

The Administrator is on-site to start the unannounced fire drill

A schedule will be kept in the Administrators office of future drills to be conducted

Staff has been informed of the violation and future practices of unannounced fire drills

8/20/15 - Monthly fire drills have been conducted and all have been unannounced. Fire drill schedules are no longer indicated in the home.

8/20/15

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

8/20/15

8/20/15

Repeat Violation: No

Date(s) of Previous Violation(s):

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Leslie Wagner

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

Leslie Wagner Executive Director

Date 8-20-15

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[Signature]
(Initials)

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AUG 20 2015

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Violation Report: 44595 - 05/28/2015 - Whitney, Diane		SOUTH REGION FIELD OFFICE	
PCH Name: RUTH M. SMITH CENTER		Business Services Licensing	
<p>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.</p>			
<p>2a. DESCRIPTION OF VIOLATION The fire drill record for the drill conducted on 12-15-14, at 3:00, does not include an A.M./P.M. designation after the time, the number of residents evacuated, or the exit route used.</p> <p>The fire drill record for the drills conducted on the below dates and times does not include the number of residents evacuated or the exit route used:</p> <p>1-7-15 at 5:45 P.M. 2-6-15 at 12:34 A.M. 3-21-15 at 12:45 P.M. 4-9-15 at 5:22 P.M. 5-4-15 at 6:40 A.M.</p>			
<p>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.</p> <p>The staff has been educated in the proper documentation of the fire drill record. - The home is now using the BHSL recommended fire drill record form. The supervisor and administrator will review the document to ensure it has been done correctly, each month.</p> <p>Annual fire safety training is scheduled for September 2015.</p> <p>Fire drill record includes all required information.</p>			
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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) <i>Leslie Wagner Executive Director</i>		Date <i>8-20-15</i>	
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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	

2/8/16

2/8/16

2/8/16

Violation Report: 44595 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER
WEST REGION FIELD OFFICE
Pennsylvania State Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION
On 5-29-15, there were 3 bottles of Travatan ophthalmic solution eye drops prescribed for resident #2, unlocked and accessible to residents in the refrigerator to the right of the stove.

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 lock box has been provided for medications that need refrigerated. Staff will return locked box to refrigerator when finished administering medications.

All staff educated on keeping medications, including refrigerated medications, locked.

Immediately - A designated staff person, daily and on each shift, will monitor the home to ensure all medications including refrigerated medications, are kept locked.

Immediately - The administrator will monitor the home at least weekly, to ensure medications, including refrigerated medications, are kept locked.

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 *8-20-15*

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Plan of correction implementation status as of 2/8/16 (Date)

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

2/8/16

FEB 05 2016

Page 2 of 3

Violation Report: 44595 - 12/02/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 12-2-15, at approximately 3:30 P.M., confidential resident information, including chart notes, physician orders, and the assessment and support plan for resident #1, were unlocked, accessible and unattended in the staff office.

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 on 12-3-15 a auto locking door knob was installed by maintainance to the staff office door.

Staff have been re-presented with regulation 2600.17

Periodic checking to ensure the door is shut and locked has been added to the staff task sheet, for monitoring ~~to~~ daily and on each shift.

Within 30 days of receipt of this plan of correction, the administrator will monitor the home at least weekly, to ensure all confidential resident information is kept locked.
JW 2/8/16

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 - Administrator

Date 2-5-2016

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2/8/16
(Date)

Plan of correction implementation status as of

2/8/16
(Date)

The above plan of correction was approved by


(Initials)

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

FEB 05 2016

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Violation Report: 44596 - 12/02/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

WEST PENNSYLVANIA STATE UNIVERSITY
BUREAU OF PROFESSIONAL REGULATION

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Phenytoin Sodium 100mg 3 times per day. The resident is given the 2nd dose to self-administer at 12 P.M. at his/her job; however, the resident's medical evaluation, dated 6-18-15, indicates the resident cannot self-administer medication. The resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding his/her ability to self-administer this medication or the need for reminders to take 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 on 12-2-15 Resident #2 medication to be given at 12 pm daily was taken by administrator to the pharmacy to be put into original pack for administration by trained staff at Resident #2 place of employment.

All residents taking medication during working hours has had their medications put into original containers and transported monthly to their place of employment by trained staff.

Sheffield Pharmacy is working with Ruth M. Smith Center and BEI to remain in compliance with Regulation 2600.181(c)

Immediately - The administrator will ensure that all residents who self-administer medications have been assessed capable to do so by a physician, PA or CRNP. 2/2/16

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-Administrator*

Date *2-5-16*

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