



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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

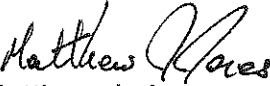
RE: Ruth M. Smith Center
License #: 445960

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, December 2, 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 *MJ*

Enclosure
License Inspection Summary

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

PCH Name: RUTH M SMITH CENTER		License Number: 44596
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Martha 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 02/06/1986 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 10 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 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: <i>18 15</i> 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: 1 Are 60 Years of Age or Older: 2 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 44596 - 05/28/2015 - Whitney, Diane
 PCH Name: RUTH M SMITH CENTER

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 B, 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.

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 *8-19-15*

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

The above plan of correction is approved as of *2/10/16* (Date)
 The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of *2/10/16* (Date)

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

Violation Report: 44596 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
(1) Resident rights.
(2) Emergency medical plan.
(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
(4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
Staff person A, hired 2/17/15, completed his/her 40th scheduled work hour in mid-March 2015. Staff person A did not receive orientation any of the required topics under 2600.65b.

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.

This staff is in the process of completing orientation on topics related to 2600.55 and will be finished by 8/21/2015. Training completed on 8/20/15. Or 2/10/16

Immediately - The administrator will develop a system to ensure all new staff persons complete all required training within the required time frames, including all topics under 2600.65b.

By 3/31/16; and at least quarterly thereafter, the administrator will review all staff training, as part of a quality management review, to ensure all staff persons complete required training timely. *2/10/16*

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 *8-19-15*

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(Initials)

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(Date)

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Violation Report: 44596 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
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 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 2600.132a. 8/2/16

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

A schedule will be kept in the Administrator's office of future drills to be conducted, *unavailable to staff persons.*

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

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

Fire drills conducted since August 2015 have been unannounced. Fire drill dates are 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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Wagner Executive Director* Date *8-19-15*

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Partially Implemented - Adequate Progress

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2/10/16

8/2/16

2/10/16

Violation Report: 44596 - 05/28/2015 - Whitney, Diane
PCH Name: RUTH M SMITH CENTER

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 on 5-17-15 at 10:20 A.M. was 3 minutes. The home does not have an evacuation time designated in writing by a fire-safety expert indicating 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.

The staff that conducted the fire drill on 5/17/15 has been educated on the proper evacuation time allowed by the fire safety expert.

conducted since August 2015 were
Fire drills will be within the allotted time frame documented by the fire safety expert, under 2 minutes and 30 seconds J 2/10/16

The next Fire Safety Training will be scheduled for September 2015; all staff will be educated and trained.

The administrator updated the written fire drill procedures on 2/10/16.
Immediately - The administrator will ensure all fire drill evacuation times are under 2 minutes and 30 seconds. J 2/10/16

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 8-19-15

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(Date)

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(Date)

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(Initials)

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Violation Report: 44596 - 05/28/2015 - 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.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #1 was completed on 3-27-15, more than 1 year after the previous assessment dated 2-11-14.

The most recent assessment for resident #2 was completed on 10-8-14, more than 1 year after the previous assessment dated 7-25-13.

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.

Resident #2 discharged from the home on 5/27/15. J 2/10/16

All resident assessments are up to date and will be monitored by the Administrator annually.

Additional assessments will be done if a condition arises or at the request of the DPW.

Immediately - The administrator will develop a system to ensure all resident assessments are completed in accordance with 2600.225c.

Within 30 days after receipt of plan of correction - The administrator will renew all resident assessments to ensure they are complete, accurate and timely. J 2/10/16

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 *8-19-15*

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RESIDENT PRIVACY CODING DOCUMENT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: RUTH M. SMITH CENTER License Number: 445960

<u>Designation</u>	<u>Resident's Name</u>
Resident 1	Charles Atkins
Resident 2	Diane Ginkle

D. 2/10/14

Printed Name and Title of Legal Entity Representative _____ Signature of Legal Entity Representative _____ Date _____

STAFF PRIVACY CODING DOCUMENT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: RUTH M SMITH CENTER

License Number: 445960

Designation Staff Member's Name

- A Todd Shefler
- B Martha Rogus



Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

Date

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

PCH Name: RUTH M SMITH CENTER		License Number: 44596
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: 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 Other LPCH 02/06/1986 Labor & Industry		FEB 04 2016 VIOLATION REPORT
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 12/02/2015: Whitney, Diane; Cutter, Jan 12/03/2015: Whitney, Diane; Cutter, Jan		
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: 1 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 3

FEB 05 2016

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

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The last drill conducted during sleeping hours was held on 3-29-15 at 6:18 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 on 12-12-15 at 2:33 AM, a fire drill was conducted during sleeping hours.

Administrator has a fire drill schedule to ensure compliance with regulation 2600.132(e).

The fire drill schedule will be kept in the administrators office due to unannounced fire drills are required per DHS regulation 2600.132(a)

The administrator updated the written fire drill procedures on 2/5/16 and posted them in the home.
J. Zholke

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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The above plan of correction is approved as of 2/10/16 (Date)

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

Plan of correction implementation status as of 2/18/16 (Date)

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

FEB 05 2016

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

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
According to staff person A, the home does not have a designated meeting place for evacuations.

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 A has been re-presented with regulation 2600.132(h).

A designated meeting place has been implemented and all residents and staff have been presented where the designated meeting place is. As of 2/5/16, the designated meeting place is the gym. 2/2/16

Administrator will be on site during fire drills to ensure residents and staff are following regulation 2600.132(h)

The administrator updated the written fire drill procedures for the home on 2/5/16, and a copy, including designated meeting area, is posted in the home. 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 - Administrator* Date *2-5-16*

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