



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 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 February 24, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
 PCH Name: RUTH M SMITH CENTER BUILDING B

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

The licensing inspection summary dated 11/20/14, which was the home's last full renewal inspection was not posted in a public conspicuous area of 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 - The homes latest full inspection is posted in a public conspicuous area of the home.

All future inspections renewals will be posted as they are due per reg. 2600.3(c)

Administrator will be responsible for posting inspection renewals


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 Administrator* Date *4-29-16*

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

The above plan of correction is approved as of 5/23/16  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 5/23/16  
 (Date)

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

Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600  
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home is managing money for resident #1; however an itemized account of financial transactions is not being provided to the resident on a quarterly basis.

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 record of financial transactions have been prepared for resident #1 petty cash. We are not that resident's payee. Resident #1 has been transferred to a nursing facility on 3-9-16.

The home supervisor is responsible for keeping financial records for all residents in the home requiring money management. Quarterly itemized transactions will be available 5-13-16 and quarterly thereafter.

Administrator will review quarterly financial transaction records for all residents requiring money management in their home per reg. 2600.20(b)(8)

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 *4-29-16*

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The above plan of correction is approved as of *5/23/16*  
(Date)

Plan of correction implementation status as of *5/23/16*  
(Date)

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

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
 PCH Name: RUTH M SMITH CENTER BUILDING B

**1. REGULATION 55 Pa.Code §2600**

2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

**2a. DESCRIPTION OF VIOLATION**

The home's Resident Contract does not include written information describing the steps the home will take to assist the resident in lodging a complaint without intimidation or retaliation.

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

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

Immediately - All residents have a signed and dated Complaint procedure added to their contracts per reg. 2600.41

All future residents will have a signed contract containing all information per reg. 2600.44

Administrator will be responsible for all documentation signed and dated, in the resident contracts upon admission in order to insure ongoing compliance. 5/23/16

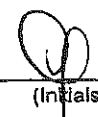
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Administrator</i>	Date <i>4-29-16</i>
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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M. SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600  
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION  
Records for resident #2, admitted [REDACTED] 12, do not contain Residents Rights.

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 #2 has a signed resident rights document in [REDACTED] record.  
  
All future admissions will have proper documentation in their records per reg. 2600.41(e)  
  
Administrator will be responsible for ensuring reg. 2600.41(e) is being followed and all resident records contain all regulated information.      ↓ by doing an audit of current resident records.  
This way, all current and new resident records will be compliant w/ this regulation. Q  
5/23/16

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A worked alone from 4:00pm-12:00am on [redacted] 2016 and [redacted] 2016 in which the home had a census of 9 residents. Staff member A was not trained in CPR/first aid.

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 trained in CPR/First aid and certified in obstruction airway techniques.

All future staff will not work alone that are not trained per reg. 2600.63(a)

Administrator and Office Manager will ensure new staff are trained per reg. 2600.63(a) prior to working alone.

Adm or Designee will also review the home's work schedule at a minimum of once every 2 weeks to ensure only trained staff are scheduled when working alone. This will ensure ongoing compliance. S/23/16

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 *4-29-16*

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.


2a. DESCRIPTION OF VIOLATION  
The microwave located in the kitchen was caked with dried food throughout.

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 microwave has been properly cleaned.

Cleaning the microwave during each shift has been added to the task sheet.

Administrator and Supervisors will review task sheets - and monthly to ensure reg. 2600.85(a) is being followed. <sup>visually</sup> inspect the microwave.

  
5/23/16

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Leslie Wagner Administrator      Date 4-29-16

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2800  
2800.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The Kenmore freezer located in the kitchen contained a bag of french fries and sausage links that were not labeled.

The Kenmore refrigerator located in the kitchen contained a bag of shredded lettuce that was not labeled or dated.

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 unlabeled / undated food was thrown away

Staff have been re-presented with reg. 2600.103(i)

Checking for unlabeled / undated food has been added to task sheets

Administrator and Supervisors will review task sheets monthly to ensure compliance. - and also do a walk through of the kitchen as well to ensure ongoing compliance.

EP. 5/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Leslie Wagner*

Printed Name and Title of Legal Entity Representative  
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Leslie Wagner Administrator

Date 4-29-16

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(Initials)

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600  
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
The external dryer duct that exits to the outside of the building was caked with multiple handfuls of lint around the pipe. A pile of lint was located on the ground under the duct. The lint poses a possible fire hazard.

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 dryer vent ducts and surrounding area has been cleaned

Checking dryer vent ducts for lint and cleaning has been added to maintenance task sheet.

Administrator will check grounds and task sheets monthly to ensure compliance with reg. 2600.105(g)(2) and the dryer ducts

Q: 5/23/16

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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Leslie Wagner Administrator*      Date *4-29-16*

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(Date)

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(Initials)

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home did not complete an annual review of the home's emergency procedures for 2015-2016.

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 - Emergency procedures have been reviewed, updated and submitted to the local emergency management agency.

Administrator will review the homes emergency procedures annually and update as needed.

Administrator will be responsible for reviewing and updating and submitting emergency procedures annually per reg. 2600.107(d).

Repeat Violation: No

Date(s) of Previous Violation(s):

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Date 4-29-16

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(Initials)

Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa. Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have documentation that a fire safety inspection and fire drill was conducted by a fire safety expert within the past 12 months.

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 - Local Fire Chief [redacted] signed proper documentation of the annual fire drill and inspection for the home.

Administrator will be responsible for proper paper work for the annual fire drill/inspection per reg. 2600.132(b)

A system will be implemented by the Adm to ensure the annual fire safety inspection and observed fire drill are scheduled tasks.

Q 5/23/16

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 *4-29-16*

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- Not Implemented

Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

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

Licensing Representatives determined through an interview with Administrator B that when a fire drill is conducted he/she includes themselves on the fire drill log as a staff person participating in the drill even though he/she does not participate in the fire drill.

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 have been re-presented with reg. 2600.132(c) 5/23/16 <sup>will be retrained</sup> OP

Current administrator has been on-site to start fire drills since 8-2015. After speaking with inspectors, current administrators has been informed not to add or include herself as a participating staff.

Administrator will review fire drill records monthly to ensure compliance with reg. 2600.132(c)

Repeat Violation: Yes

Date(s) of Previous Violation(s): 11/20/2014

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 4-29-16

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(Date)

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5/23/16  
(Date)

The above plan of correction was approved by

*OP*  
(Initials)

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- Not Implemented

Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
The front door was used as the only exit used for the fire drills conducted from September 2015-January 2016.

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 <sup>will be re-trained</sup> ~~have been~~ re-presented with reg. 2600.132(f)

Alternate exit routes will be used during fire drills - and documented on the home's fire drill log.

Administrator will review fire drill records and will be on-site during fire drills to ensure compliance with reg. 2600.132(f) - and review the home's fire drill logs on a monthly basis to ensure ongoing compliance

*[Signature]* 5/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Lester Wagner Administrator

Date 4-29-16

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(Date)

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*[Signature]*  
(Initials)

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Violation Report: 44586 - 02/24/2016 - Novak, Ryan  
 PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

2a. DESCRIPTION OF VIOLATION

The home did not have a written emergency medical plan that includes the resident's choice of a hospital or source of health care that will be used in case of an emergency, emergency transportation or an emergency staffing plan.

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 written emergency medical plan is in place to include hospital choice of the resident, transportation and staffing.

Administrator will review plan annually to remain in compliance and update as needed per reg. 2600.143(a)

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

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 (Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Leslie Wagner Administrator*      Date *4-29-16*

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 (Date)

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

Plan of correction implementation status as of 5/25/16  
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa. Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home does not have written fire safety policy and procedures that includes proper safeguards outside of the home to prevent fire hazards involved in residents smoking, including extinguishing procedures. The home allows smoking outside in designated areas for both residents and staff.

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 fire safety and smoking policy and procedure has been put into effect. Extinguishing procedure is provided during annual training.

Staff will be trained *Q*.  
Staff have been ~~fire-presented~~ with reg. 2600.144 - all staff *Q* will sign in to the training. The home will retain training documents.

Administrator and Maintenance will check grounds weekly to ensure policy and procedures are being followed. To ensure ongoing compliance. *Q*. 5/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Leslie Wagner*

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Leslie Wagner Administrator

Date 4-29-16

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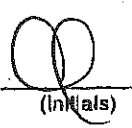
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*Q*  
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Violation Report: 44596 - 02/24/2016 - Novak, Ryan PCH Name: RUTH M SMITH CENTER BUILDING B	
1. REGULATION 55 Pa.Code §2600 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.	
2a. DESCRIPTION OF VIOLATION Multiple cigarette butts were located in the leaves off of the front porch of 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 cigarette butts cleaned off grounds	
Staff and residents re-presented with reg. 2600.144(c)(1)	
Maintenance will check grounds weekly to ensure compliance with smoking policy and procedures.	
Maintenance will notify the Administrator of any violations found to be corrected.	
Staff will be trained - Residents will be educated - All staff & residents will sign or initial the training/education sheets - The home will retain these documents. CP. 5/23/16	
Adm will perform periodic walk throughs of building and grounds at minimum once month to ensure ongoing compliance CP. 5/23/16	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

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

Multiple cigarette butts were located in the leaves off of the front porch of the home, posing a possible fire hazard due to the leaves being combustible.

A cigarette butt was located in a cardboard box which contained empty packs of cigarettes plastic bags and paper, posing a possible fire hazard due to the materials being combustible.

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 fire safety and smoking policy has been implemented.

Staff have been re-presented with reg. 2600.144(c)(2)

Maintenance and Administrator will check grounds weekly to ensure compliance is being followed

Staff will be trained. Residents will be educated  
The home will retain the documents related to these activities. *LF* 5/23/16

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 Administrator* Date *4-29-16*


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The above plan of correction is approved as of *5/23/16*  
(Date)

Plan of correction implementation status as of *5/23/16*  
(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: 44596 - 02/24/2016 - Novak, Ryan PCH Name: RUTH M SMITH CENTER BUILDING B	
1. REGULATION 55 Pa.Code §2600 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	
2a. DESCRIPTION OF VIOLATION The menu posted on the bulletin board was dated 2/22-2/28/16. The following week was not posted.	
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>Immediately - Two weeks of menus has been posted -                  Current week &amp; following week. <span style="float:right">Q. 5-23-16</span></p> <p>Staff have been re-presented with reg. 2600.162(c) that is                  responsible for menu posting.                  Will be trained</p> <p><u>Safe Serve staff</u> have been instructed to give the Office Manager                  a weekly menu to be printed and distributed 1 week prior                  to the week of preparation.                  and all staff in the home that are involved w/ menus &amp;/or                  food preparation.</p> <p>Adm/Designee will do a walk thru of kitchen/dining/                  menu postings areas of the home to ensure ongoing                  compliance. This shall be done at least 1x month. <span style="float:right">Q. 5/23/16</span></p>	
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 Administrator</i>	Date <i>4-29-16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>5/23/16</u> (Date)	Plan of correction implementation status as of <u>5/23/16</u> (Date)
The above plan of correction was approved by  (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: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the home's 2003 green Ford van did not include protective eyewear and a thermometer.

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 first aid kit in the house van has been updated to include all items according to reg. 2600.96

Red duct tape has been taped around the kit to indicate if the kit has been opened.

Maintenance has been instructed to check the kit during vehicle maintenance checks weekly, if anything is missing it must be replaced

Adm will check vehicle's first aid kit periodically to ensure ongoing compliance  
Op. 5-23-16

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 4-29-16

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(Date)

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The above plan of correction was approved by

*[Signature]*  
(Initials)

Violation Report: 44598 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

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

The home did not develop and implement medication procedures for the safe storage, access, security, distribution and use of the resident's medications and medical equipment by a trained staff person.

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 - Proper procedure for medication administration has been implemented.

Medication Administration procedure is posted at all med carts.

Administrator and Supervisors will review documentation at med carts monthly to ensure compliance with reg. 2600.185(a)

and that all med trained staff are following the home's procedures. 5/23/16

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

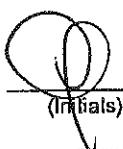
Signature of Legal Entity Representative  
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Leslie Wagner Administrator      Date 4-29-16

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Plan of correction implementation status as of 5/23/16  
(Date)

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(Initials)

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Violation Report: 44596 - 02/24/2016 - Novak, Ryan  
PCH Name: RUTH M SMITH CENTER BUILDING B

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

2a. DESCRIPTION OF VIOLATION  
Resident #3 is prescribed Triamcinolone ointment (apply daily PRN). The ointment was not on hand.

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 #3 PRN was ordered from pharmacy  
will be retrained  
Staff have been re-presented with reg. 2600.187(d) and are aware  
of policy and procedures for PRN medications

Supervisors have been instructed to be sure if a resident is  
prescribed a PRN, it has to be available if needed by a  
resident per reg. 2600.187(d)

Adm will ensure training is presented to all med  
trained staff - all training sheets will be signed  
by attending staff. The documentation will be  
retained on the home @ 5/23/16

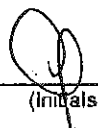
Repeat Violation: No      Date(s) of Previous Violation(s):

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 *4-29-16*

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