



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 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 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: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 11/21/14, 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 inspection 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):

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 *4-26-16*

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

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: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

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 and resident #2; however the home is not providing the residents with an itemized account of their financial transactions 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 - Record of financial transactions have been prepared for resident #1 and resident #2, we do not manage money for.

Supervisor is responsible for keeping financial records for all residents requiring money management at their home. Quarterly itemized transactions will be available 5-13-16 and quarterly thereafter.

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

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 *4-26-16*

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 (Date)

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa. Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The Resident Agreement/Contract for resident #3 (admitted [redacted] 13) is not dated to indicate when the home's administrator or designee reviewed the contents with the resident.

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

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

Immediately - Resident # 3 reviewed Agreement/Contract

All new admissions will review all documentation and date upon admission per regulation 2600.25(b)

Administrator will be responsible for ensuring regulation 2600.25 is being followed.

Adm/Designee will also audit all current resident contracts in order to ensure current compliance

CP. 5/23/16

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 4-26-16

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 regulation 2600.41

All future residents will have a signed contract containing all information per regulation 2600.41

Administrator will be responsible for all documentation signed and dated, is in resident contracts in order to ensure ongoing compliance. *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 *4-26-16*

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4 was discharged from the home on [redacted] 6. Records indicate resident #4 did not receive an itemized written account of his/her finances or notification of the \$1173.60 balance owed to them.

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 #4 had a check for \$1173.60 written and sent in the mail on 02/25/16 QP

All future residents leaving the home with money owed to them will have a check sent in the mail within 30 days of leaving.

The Office Manager and Administrator will be responsible for ensuring regulation 2600.28(f)(1) is being followed.

The home will document the closing of residents' accounts & retain the worksheet in the resident record. QP, 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 4-26-16

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

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

- Fully Implemented
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- Not Implemented

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #4 was discharged from the home on [redacted] 16. As of 2/24/16, the home retains a balance of \$1173.60 that was to be refunded to the resident by [redacted] 16.

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 check was sent to resident #4 for \$1173.60.

All future residents leaving the home with money owed to them will have a check sent in the mail within 30 days of leaving.

The Office Manager and Administrator will be responsible for ensuring regulation 2600.28(f)(2) is being followed.

The home will document the closing of the residents' accounts and retain the worksheet in the resident record. QP. 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 4-26-16

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for direct care staff A.

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 a high school diploma in her file. (copy enclosed - CP. 5/23/16)

All future new staff will have all documentation in their file prior to first day of work using a checklist prepared by the home.

Administrator and Office Manager will be responsible for ensuring regulation 2600.54(a) is being followed

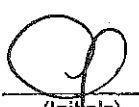
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Administrator* Date *4-26-16*

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 B worked alone from 4:00pm-12:00am on 2/5/2016 and 2/14/2016 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 B and A have been trained in CPR/First aid and certified in obstructed airway techniques.

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

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

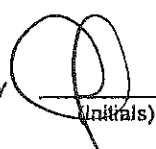
The Adml Designee will review the work schedule at a minimum every 2 weeks to ensure only properly trained staff are scheduled to work alone. Cf. 5-23-16.

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

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Wagner Administrator* Date *4-26-16*

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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: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
2 small bags of trash were located on the porch that leads to the main office, the trash was not in a covered receptacle. The home's dumpster was filled with trash and open allowing for the penetration of insects and rodents.

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 - Trash taken to covered receptacle, Dumpster lid was closed.

Staff have been advised to be sure all trash bags are in covered receptacles and the dumpster lid is closed all the way.

Maintenance has been made in charge of checking the dumpster periodically throughout the day to ensure it is closed.

The Adm will also periodically check receptacles in order to ensure ongoing compliance. *CP* 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 *4-26-16*

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(Initials)

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

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 A 3 foot long gray bath mat was located outside of the shower in the bathroom across from the supervisor's office on the 2nd floor. The bath mat did not have a slip resistant backing, posing a possible fall risk.

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 mats without slip resistant backing removed from the home.

Supervisors have been made aware of the fall hazard and notified to check mats daily for fall risks.

Administrator will check homes for slip resistant rugs while in the homes.

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

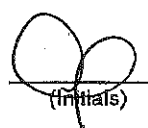
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Administrator</i>	Date <i>4-26-16</i>
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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Za. DESCRIPTION OF VIOLATION

The telephone located next to the kitchen and the telephone on the 2nd floor did not include the telephone number for the personal care home complaint hotline.

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 phone list containing information in regulation 2600.91 has been placed by all telephones.

Supervisors have been instructed to check for phone lists by each phone in the home on a weekly basis.

Administrator and Office Manager will be responsible for printing phone lists containing information in reg. 2600.91 for all homes needing them.

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 4-26-16

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION
Resident #3's room did not include a chair for the resident.

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

Immediately- Resident # 3 has a folding chair under [redacted] bed.

Supervisors ^{will be retrained} have been re-presented with reg. 2600.101(j)(2)

Supervisors have been instructed to let administrator know if a resident needs any items relating to reg. 2600.101(j)(2).

Administrator will be responsible for providing any needed items for residents.

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 4-26-16

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(Initials)

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #5 did not have an operable lamp or other source of lighting that can be turned on at the bedside.

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

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

Immediately - Resident #5 has an operable lamp or other source of lighting (flash light) that can be turned on at the bedside.

Checking for operable lighting by bed-sides has been added to task sheets.

Administrator and Supervisor will review task sheets to be sure reg. 2600.101(j)(2) is being followed.

And visually inspect resident rooms in order to ensure ongoing compliance.

☉: 5-23-16

Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/21/2014
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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>4-26-16</i>
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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa. Code §2600
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

The toilet in the bathroom across from the supervisor's office did not have a grab/assist bar near the toilet.

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 grab/assist bar has been installed

Maintenance is in charge of repair/replacing items in reg. 2600.102(d)(1) checking the homes for good repair has been added to maintenance task sheet

Administrator will review task sheets monthly to ensure compliance.

and resident/home bathrooms periodically in order to ensure ongoing compliance. QP. 5-23-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Leslie Wagner

Printed Name and Title of Legal Entity Representative
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Leslie Wagner Administrator

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

2 unlabeled bars of soap were located in the shower across from the supervisor's office and the shower in the laundry room.

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 labeled containers for their bar soap per reg. 2600.102 (i)

Supervisors have been instructed to provide labeled containers for residents who choose to use bar soap.

Administrator is responsible for having containers available for use to residents, and checking all bathrooms periodically to ensure ongoing compliance. *LP 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) <i>Leslie Wagner Administrator</i>	Date <i>4-26-16</i>
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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
A bag of pretzel rods and a bag of chips were not sealed in a cabinet in the kitchen.

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 or undated ^{unsealed} food was thrown away.
Will be retrained

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

Checking for unlabeled / un dated ^{unsealed} food has been added to task sheets.

Administrator will review task sheets monthly to ensure compliance.

And conduct periodic reviews of the home's kitchen and food storage areas in order to ensure ongoing compliance. QP. 5/23/16

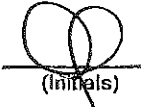
Repeat Violation: No Date(s) of Previous Violation(s):

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 *4-26-16*

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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: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

The following food was not labeled or dated in the Whirlpool freezer: French fries, sausage links, later tots, chicken fingers and corn dogs.
The following food was not labeled or dated in the Whirlpool refrigerator: bag of pickles and a bag of shredded lettuce.

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 ^{will be retained} have been re-presented with regulation 2600.103(i)

Checking for unlabeled / un dated food has been added to task sheets.

Administrator and Supervisors will review task sheets monthly to ensure compliance.

and review food storage areas in order to ensure ongoing compliance. @ 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 4-26-16

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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.

Administrator will post emergency procedures annually in the home.

* If changes are made to the home's emergency plan, the home will submit the updated plan to the local EMA. Documentation of the submission to EMA will be retained by the home. Ep. 5/23/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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Leslie Wagner

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

Leslie Wagner Administrator

Date 4-26-16

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(Date)

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5/23/16
(Date)

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
- (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
- (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
- (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
- (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

2a. DESCRIPTION OF VIOLATION

The use or prohibition of firearms is not specified in resident #1's, resident #3's or resident #6's contract.

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 firearms and weapons addendum has been added to resident #1, 3, 6 contract.

All future residents will have this in their contract.

Administrator is responsible for and will review resident records quarterly to ensure compliance

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 *4-26-16*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 65 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 written fire drill record for the fire drill held on 10/30/2015 did not include am or pm.

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~~ ^{will be retrained (or trained) QP, 5/23/16} with reg. 2600.132(c)

Administrator is on site to start unannounced fire drills and will review documentation of fire drills to ensure compliance.

↙ All staff that participated in fire drill documentation will be trained. The home will retain training documentation.
 Q - 5-23-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/21/2014
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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 4-26-16
		Leslie Wagner Administrator

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #3 (dated 6/2/15) is missing the following elements: the resident's temperature, medical information and medications. Page 2 of the DME was left blank.

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 - Supervisors have been re-presented with reg. 2600.141(a)(2)

Supervisors or staff accompanying a resident to appointment is responsible for ensuring proper documentation before leaving the appointment.

Resident #3 has an appointment for a new DME 6-2016

Administrator will review medical evaluations to ensure compliance with reg 2600.141(a)(2)

The home will submit completed med evals once received from the dr. Adm will send to NERO- 570-963-3018.

prior to filing or placing in res. records - in order to ensure ongoing compliance. *Q*

Repeat Violation: Yes	Date(s) of Previous Violation(s)	11/21/2014
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Date	4-26-16

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The above plan of correction was approved by <i>[Signature]</i> (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: 44593 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation (DME) for resident #6 is dated 5/27/15. The last DME is dated 6/13/13. Resident #6 did not have a medical evaluation completed for 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.

Immediately - Resident #6 has a medical evaluation dated 1-26-16 and previous year dated 2-26-15

Supervisors are responsible for scheduling annual medical evaluations for residents.

Administrator will review resident records quarterly to ensure compliance with reg. 2600.141(b)(1)

Adm will also ensure there is a tracking system in place to plan for upcoming med eval appts w/ PCPs in order to ensure ongoing compliance. *QP* 5/23/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/21/2014

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 4-26-16

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5/23/16
(Date)

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(Date)

The above plan of correction was approved by

QP
(Initials)

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- Not Implemented

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 on resident ro sheet, transportation and staffing plan

Administrator will review plan annually to remain in compliance with reg. 2600.143(a)


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>4-26-16</i>
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(Date)

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- Not Implemented

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 has been implemented
will be trained
Staff have been re-presented with reg. 2600.144(c)
Training of all staff will take place. Documentation is to be retained by the home
Administrator and Maintenance will check grounds weekly to ensure policy and procedures are being followed.

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

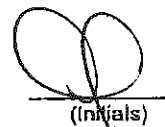
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(Required on EVERY Page) *Leslie Wagner Administrator* Date *4-26-16*

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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
Approximately 13 cigarette butts were located near the smokers stack and on the driveway.
Approximately 20 plus cigarette butts were located under the ramp that exits 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
will be trained
~~Staff and residents have been re-presented with~~
reg. 2600.144(c)(1) and residents will be educated
regarding smoking procedures (rules). *OP*
Maintenance will check grounds weekly to ensure
smoking policy and procedures are being followed and
inform administrator of any violations found.
Adm will conduct periodic walk throughs of all
smoking area(s) @ the home & on the grounds 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 *4-26-16*

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 in the kitchen 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.

Immediately - Two weeks of menus has been posted.

will be trained
Staff have been re-presented with reg. 2600.162(c)
that is responsible for meal prep.

ServSafe staff will give Office Manager a weekly menu
to be printed and distributed weekly to ensure
compliance with reg 2600.162(c)

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

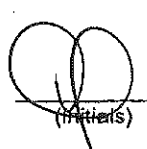
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(Required on EVERY Page) *Leslie Wagner Administrator* Date *4-26-16*

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(Date)

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

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 everything according to reg. 2600.171(b)(5)

Red duct tape has been taped around the kit to indicate if the kit has been opened and possible use of items in the kit.

Maintenance has been instructed to check the kit in the van weekly and after use to ensure the kit is still taped shut. If the kit has been opened, anything removed will be replaced immediately

The Adm will check the vehicle's first aid kit periodically to ensure ongoing compliance. CP

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 *4-26-16*

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person C completed the initial medication administration training on 11/28/2014; the annual practicum for staff person C was completed on 12/30/2015 more than 1 year from the initial medication administration training date. The annual practicum also did not include the recertified date.

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

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

Immediately - Staff person C ^{will be trained} ~~was re-represented~~ with medication administration and has an annual practicum that includes the recertification date by the home's Med Trainer.

Administrator is responsible for reviewing staff training quarterly to remain in compliance with reg. 2600.182(b)

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

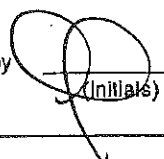
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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #6's mucus relief DM and medicated chest rub was located in the medication cart but was not a current order. The following medications were located in the home's medication cart but could not be identified as to who the medication belonged to: a bottle of ibuprofen, 2 bottles of aspirin, a bottle of pepto, a bottle of Tylenol and a tube of hydrocortisone cream.

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 unidentifiable medications, OTC, samples and CAM in med cart have been removed.

Staff have been re-presented with reg. 2600.183(d)

Supervisors have been instructed to inventory med carts weekly to ensure compliance.

Adm will oversee periodic audits of the home's med cart(s) in order to ensure on-going compliance. *of.*

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>4-26-16</i>
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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
 PCH Name: RUTH M SMITH CENTER

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 for all staff.

Medication Administration procedures is posted at all med carts

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

And also ensure that all med trained staff are following the home's procedures.

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
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Leslie Wagner Administrator

Date 4-26-16

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Violation Report: 44598 - 02/24/2016 - Harvey, Jason
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 #8 received 50mg of Zoloff from 2/19-2/22/16 at bedtime instead of the prescribed 100mg.

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 responsible for med error was written up per staff manual and re-presented with reg 2600.187(d) will be trained

Supervisors are responsible for reviewing MAR's daily for accuracy. All discrepancies are reported to Administrator, or other responsible parties.

Admin will ensure training is presented to all med admin staff - Sign in sheets will be used & retained by the home. Q2. 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 *4-26-16*

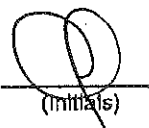
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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: 44598 - 02/24/2016 - Harvey, Jason	
PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #8 received 50mg of Zolot from 2/19-2/22/16 at bedtime instead of the prescribed 100mg. The prescriber was not notified regarding the medication errors.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p style="text-align: center;"><i>will be trained</i></p> <p>Immediately - Staff have been re-presented with reg. 2600.188(b) by the home's med trainer</p> <p>Supervisors will review incident reports to ensure prescriber has been notified. Abm will ensure this is cross checked w/ the home's MARs and the home's med cart(s) to insure ongoing compliance</p> <p>Administrator will review incident reports quarterly with Supervisors to ensure compliance with reg. 2600.188(b) CP</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>4-24-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
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: 44598 - 02/24/2016 - Harvey, Jason
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The following residents' photos have not been updated since June 2013: resident #1 and resident #7.

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 and # 7 have updated photos on file

1 → # 26.

Supervisors will review records to ensure compliance with reg. 2600.252 - Adm will review a random sample at least quarterly to ensure ongoing compliance.


Administrator and Office Manager will be responsible for printing and providing a camera for use to update photos as needed.

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>4-26-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <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