



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2016

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

RE: Ruth M. Smith Center
License #: 445950

Dear Ms. Wagner:

As a result of the Department of Human Services' annual licensing inspections on February 25, 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,

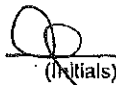
A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: RUTH M SMITH CENTER - <i>Building A</i>		License Number: 44595
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Leslie Wagner		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy Other LPCH 11/25/1983 Dept. of Labor & Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
02/25/2016: Rushin, Julienne; Novak, Ryan; Harvey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 10 Number of Residents Served: 10 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 3 Have Mental Illness: 2 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 44595 - 02/25/2016 - Rushin, Julienne 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 11/19/14, 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.) <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>Immediately - The homes latest full inspection is posted in a public conspicuous area of the home.</p> <p>All future inspection renewals will be posted as they arrive.</p> <p>Administrator will be responsible for posting inspection renewals.</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</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: 44595 - 02/25/2016 - Rushin, Julienne
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
The home is managing money for resident #5 and resident #6; however there are no records of financial transactions for either 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 - Records of financial transactions have been prepared for resident #5 and #6

Supervisor is responsible for keeping financial records for all residents requiring money management at the home.

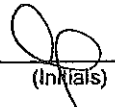
Administrator will review financial records quarterly to ensure regulation 2600.20(b)(1) is being followed

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 4-23-16


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

The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</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: 44595 - 02/25/2016 - Rushin, Julienne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(6) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.	
2a. DESCRIPTION OF VIOLATION The home has been holding over \$600.00 for resident #5 (admitted [REDACTED] 2001) and over \$315.00 for resident #6 (admitted [REDACTED] 990). Neither resident has been offered assistance in establishing an interest bearing account in his/her name at a local federally insured financial institution.	
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 - Resident #5 and resident #6 has been offered help in establishing an interest bearing account. Both residents have declined.</p> <p>Supervisor will be responsible for financial records for any resident keeping money at their residence.</p> <p>Administrator will review quarterly financial records for any resident keeping money at their residence.</p> <p>The Adm/ Designee will continue to periodically offer assistance to all residents w/ \$200 + for 2 consecutive months. These efforts & the residents' responses will be documented. <i>LL</i> 5-21-16.</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5-21-16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
The above plan of correction was approved by <i>LL</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

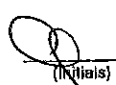
Violation Report: 44596 - 02/25/2016 - Rushin, Julienne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	
2a. DESCRIPTION OF VIOLATION The home is managing money for resident #5 and resident #6; 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.	
<p style="text-align: right; margin-right: 50px;">"A"</p> Immediately - A new supervisor for building as of 323-16 is being trained. Quarterly itemized account of financial transactions will be available by 5-13-16 and quarterly thereafter Administrator will review quarterly financial transaction reports for all residents requiring money management at their home.	
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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented


Violation Report: 44595 - 02/25/2016 - Rushin, Julienne 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.) <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>Immediately - All residents have a complaint procedure added to their contracts, signed and dated, as per regulation 2600.41</p> <p>All future residents will have a signed contract containing all information in regulation 2600.41</p> <p>Administrator will ensure all proper documentation is signed and dated in resident contracts in order to ensure ongoing compliance. Cp. 5/2/16</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</u> (Date)
The above plan of correction was approved by <i>CP</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: 44595 - 02/25/2016 - Rushin, Juliene PCH Name: RUTH M SMITH CENTER	
1: REGULATION 63 Pa. Code §2600 2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.	
2a: DESCRIPTION OF VIOLATION A container of Swiffer wet jet cleaner was located on a shelf next to canned goods in the basement 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.	
<p>Immediately - All poisonous materials have been moved and are stored separately from food, food prep. surfaces and dining surfaces per reg. 2600.82(b)</p> <p>Staff have been re-presented with regulation 2600.82(b) The home will train all staff in this topic - employees will sign in for the training</p> <p>ServeSafe staff will ensure all poisonous materials are stored away from food, food prep. surfaces and dining surfaces, as well as all other employees in the home to ensure ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Estle Wagner Administrator</u> Date <u>4-23-16</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</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

Q
5/2/16

Violation Report: 44595 - 02/25/2016 - Rushin, Julienne PGH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.	
2a. DESCRIPTION OF VIOLATION The hot water temperature measured 131.4 degrees in the 1st floor bathroom.	
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>Immediately - Temperature turned down to ensure it is 120°</p> <p>Maintainance has been re-presented with regulation 2600.89(b) The home will train <u>all</u> employees in the home regarding water temp safety. Employees will sign in to this training. Checking the temperature of the hot water has been added to maintainance task sheet to remain in compliance with regulation 2600.89(b)</p> <p>Adm will periodically check water temps in order to ensure ongoing compliance.</p> <p style="text-align: right;">OP 5/21/16</p> <p style="text-align: right;">OP 5/21/16</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of (Date)	Plan of correction implementation status as of (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: 44695 - 02/25/2016 - Rushin, Jullenna FCH Name: RUTH M SMITH CENTER	
1. REGULATION 65 Pa.Code §2600 2600.102(k) - Use of a common towel is prohibited.	
2a. DESCRIPTION OF VIOLATION Resident #1 & #2's towel bar located in the shared bathroom did not have a label on or near the towel bar as to whose towels belonged to which resident. Both towel bars had a washcloth and hand towel hanging on the bars.	
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>Immediately - All towel bars have been labeled to ensure regulation 2600.102(k) is being practiced</p> <p>Checking for properly labeled towel bars has been added to task sheets to ensure residents are using their own towel for house staff.</p> <p>House supervisor is in charge of changing towel bar name tags in the event a new resident moves in.</p> <p>Adm will periodically check all resident towel bars to ensure ongoing compliance. cf. 5/2/16</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leslie Wagner Administrator Date 4-23-16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</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: 44696 - 02/26/2016 - Rushin, Julienne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.	
2a. DESCRIPTION OF VIOLATION The Crosley refrigerator located in the basement of the home did not have a thermometer.	
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>Immediately a thermometer was put into the Crosley refrigerator located in the basement</p> <p>Checking refrigerators for proper temps and thermometers has been added to task sheets to ensure compliance. - for all the employees that work in the home's kitchen.</p> <p>Administrators will review task sheets monthly with supervisors to ensure regulation 2600.103(f) is being met</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/18/2014
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Leslie Wagner Administrator</u>	
Date <u>4-23-16</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</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


5/21/16

Violation Report: 44596 - 02/25/2016 - Rushin, Julianne	
PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2609 2609.103(i) - Outdated or spoiled food or dented cans may not be used.	
2a. DESCRIPTION OF VIOLATION The Gibson freezer located in the basement of the home contained a bag of French fries that was not labeled. The Frigidaire freezer in the basement of the home contained a bag of chicken nuggels and a bag of chicken patties 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.	
<p>Immediately - All unlabeled food was thrown away.</p> <p>ServSafe staff has been re-presented with regulation 2609.103(i) as well as all the home's employees that work w/ food in the home.</p> <p>All foods are kept in original dated containers until uses. Any food taken out of original container is dated and labeled before returning to refrigerator or cupboard.</p> <p>Checking for dated and labeled foods has been added to task sheets to remain in compliance with regulation 2609.103(i)</p> <p>Adm. or designee will perform periodic check of food storage areas to ensure ongoing compliance.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s): <u>Q. 5/21/16</u>
Signature of Legal Entity Representative (Required on EVERY Page) <u>Leslie Wagner</u>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Leslie Wagner Administrator</u>	
Date <u>4-23-16</u>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44585 - 02/25/2016 - Rushin, Julianne PCH Name: RUTH M SMITH CENTER	
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 a handful 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.) <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>Immediately - All dryer ducts have been cleaned</p> <p>Checking dryer ducts for lint has been added to the maintenance task sheet</p> <p>Administrator will review task sheets monthly to be sure compliance is being met with Regulation 2600.105(g)(2) and dryer ducts.</p> <p style="text-align: right;">QP 5/21/16</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Date)	<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: 44695 - 02/25/2016 - Rushin, Julianne	
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.) <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>Immediately - Emergency procedures have been reviewed by administrator.</p> <p>Emergency Procedures have been posted in proper places throught the facility.</p> <p>Administrator will ensure compliance with regulation 2600.107(d)</p> <p>* IF changes were made to the plan, the home will submit the updated plan to the local EMA. documentation of submission will be retained by the home.</p> <p>CC. 5/21/16</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
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: 44585 - 02/25/2016 - Rushin, Jullienne 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 #3's or resident #4's contract.	
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> Immediately - A firearms and weapons addendum has been added and signed by resident #3 + #4 contract. All future residents will have this in their contracts. Administrator will review resident records quarterly to ensure compliance is being met.	
Report 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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
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: 44595 - 02/25/2016 - Rushin, Julianne	
PCH Name: RUTH M SMITH CENTER	
<p>1. REGULATION 55 Pa.Code §2600 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.</p>	
<p>2a. DESCRIPTION OF VIOLATION The homes emergency preparedness plan was not posted in a public conspicuous area of the home.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</p> <p>Immediately - All homes have the Emergency Procedures relating to regulation 2600.107, posted in conspicuous and public places in each home.</p> <p>Supervisors have been instructed to check for proper postings in the homes on a weekly basis.</p> <p>Administrator will check homes quarterly for proper posted documentation.</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/10/2014
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) Leslie Wagner Administrator	Date 4-23-16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</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: 44595 - 02/25/2016 - Rushin, Julianne	
PCH Name: RUTH M SMITH CENTER	
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.) <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>Immediately - Local Fire Chief, [redacted] signed additional forms 2600.132 (b) for each license</p> <p>Administrator will remain in compliance by having a form 2600.132(b) signed by a qualified person for each fire drill and safety inspection performed annually.</p> <p>A system will be implemented by the Adm to ensure the annual fire safety inspection & observed fire drill are scheduled timely. P. 5/21/16</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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 02/25/2016 - Rushin, Julieanne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	
2a. DESCRIPTION OF VIOLATION The fire drill logs from January 2015- May 2015 do not include the number of residents evacuated, the exit routes used and if the alarm was operative. Licensing Representatives determined through an interview with Administrator "A" 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.) <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>	
Immediately - Staff have been re-presented with regulation 2600.132(c) - Adm will <u>retrain</u> all staff that participate in documenting the home's fire drills. Current Administrator has been on-site to start fire drills since 8-2015. After speaking with inspectors, current administrator has been informed not to include herself as a participating staff. Administrator will review fire drill records monthly to ensure regulation 2600.132(c) is being met.	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/19/2014
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>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
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

Q
5/21/16

Violation Report: 44595 - 02/25/2016 - Rushin, Julianne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 65 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.	
2a. DESCRIPTION OF VIOLATION The homes most recent sleeping hour fire drill was conducted on 12/12/15 at 2:45am. The previous sleeping hour fire drill was conducted on 2/6/15 at 12:34am.	
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>Immediately - Administrator has been instructed as to what is a sleeping hour fire drill. Staff have been re-presented with regulation 2600.132</p> <p>All fire drills will be and are being held as per regulation 2600.132</p> <p>Administrator is in charge of remaining in compliance with regulation 2600. B2 - by reviewing the home's fire drill Log(s) on a monthly basis. <i>Q. 5/2/16</i></p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative <i>Leslie Wagner</i>	
Printed Name and Title of Legal Entity Representative <i>Leslie Wagner Administrator</i>	
Date <i>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/2/16</i> (Date)	Plan of correction implementation status as of <i>5/2/16</i> (Date)
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

Re-training will be completed by Adm- documentation & sign-in sheets will be retained.
Q
5/2/16

Violation Report: 44595 - 02/25/2016 - Rushin, Julianna PCH Name: RUTH M SMITH CENTER	
1. REGULATION 66 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 June 2015-December 2015.	
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>Immediately- Staff have been <u>re-presented</u> with regulation</p> <p>Alternate exit routes will be used during fire drills. - and documented on fire drill log.</p> <p>Administrator will be on-site during fire drills to ensure regulation 66 Pa. Code §2600.132(f) is being followed - and review the home's fire drill logs on a monthly basis to ensure ongoing compliance. <i>OP</i> 5/2/16.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>J. Wagner</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Wagner Administrator</i>	Date <i>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/2/16</i> (Date)	Plan of correction Implementation status as of <i>5/2/16</i> (Date)
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

Retrained -
 by Adm -
 Adm will
 ensure
 staff
 sign-in
 sheets
 are
 retained
OP
 5/2/16

Violation Report: 44595 - 02/25/2016 - Rushin, Julianne 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 second page of the medical evaluation for resident #4 (dated 3/8/15) was left blank. The medical evaluation for resident #7, dated 2/17/16, does not indicate any special health or dietary needs, if any. The medical evaluation for resident #9, dated 3/2/15, is not checked to indicate the resident's ability to self-administer medications.	
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> Immediately - Resident #4 has a current medical eval. dated 3-10-16 filled out by a physician in entirety. Resident #7 has a medical eval. dated 4-7-16 and previous rs dated 5-1-15 with no dietary needs checked on medical eval. Resident #9 has an medical eval. scheduled for 6-2016 Administrator and supervisors will review medical evaluations to ensure proper documentation is provided under regulation 2600.141(a)(2) ^{all} prior to filing or placing in res record - in order to ensure ongoing compliance. 5/2/16	
Repeat Violation: Yes	Date(s) of Previous Violation(s) 11/19/2014
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) Leslie Wagner Administrator	Date 4-23-16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of 5/2/16 (Date)	Plan of correction implementation status as of 5/2/16 (Date)
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: 44595 - 02/25/2016 - Rushin, Julianne 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.) <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> Immediately - A written emergency medical plan is in place to include hospital choice on resident PO sheet transportation and staffing plan. Administrator will review plan annually to remain in compliance with regulation 2600.143(a)	
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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
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: 44595 - 02/25/2016 - Rushin, Julianne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2800 2800.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2800.144(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 have been re-presented with regulation 2800.144. Retraining of all staff will take place. Sign in sheets to be retained by house Administrator and Maintenance will check grounds weekly to ensure policy and procedures are being followed to ensure ongoing compliance.	
P. 5/21/16	
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>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
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: 44595 - 02/25/2016 - Rushin, Julianna PCH Name: RUTH M SMITH CENTER	
1. REGULATION 65 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. The furniture on the front porch of the home has green cushions which have multiple cigarette burns located on the cushions. The home's designated smoking area is on the opposite side of the porch.	
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>Immediately - All cigarette butts cleaned off grounds, all furniture has been stripped of non-fire proof materials.</p> <p>Staff and residents have been <u>re-presented</u> with regulation 2600.144(c)(1) - Adm will restrain all staff and educate all residents about the home's smoking policies. Sign in sheets will be maintained. Maintenance will check grounds daily to ensure smoking policy is being followed and inform administrator of any violations.</p> <p style="text-align: right;">CP 5/2/16</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>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/2/16</i> (Date)	Plan of correction implementation status as of <i>5/2/16</i> (Date)
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: 44695 - 02/25/2016 - Rushin, Julianna PCH Name: RUTH M SMITH CENTER	
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. The cigarette butts located in the leaves pose a possible fire hazard due to the leaves 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 All cigarette butts cleaned off grounds A smoking policy has been put into action. Staff and residents have been re-presented with regulation 2600.144(e)(2) Staff are to be re-trained on smoking procedures Residents are to be re-educated on smoking procedures. Maintenance and administrator will check grounds daily to ensure smoking policy and procedures are being followed all staff & residents are to sign in to smoking procedures trainings/educational presentations - and to be retained by the home. CP. 5/2/16	
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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/2/16</i> (Date)	Plan of correction Implementation status as of <i>5/2/16</i> (Date)
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: 44595 - 02/25/2016 - Rushin, Julianne 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 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.	
Immediately - Two weeks of menus has been posted - current 1 week to follow. Staff have been re-presented with regulation 2600.162(c) retrained - Administrator and safe serve staff will check weekly to ensure regulation 2600.162(c) is being followed and all staff of the home that are involved w/ menus for food prep. @ 5/21/16	
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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 02/26/2016 - Rushin, Julianne	
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.) <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>Immediately - The first aid kit in the house van has been updated to include everything according to regulation 2600.171(b)(5)</p> <p>Red duct tape has been taped around the kit to indicate if it has been opened and possible use of items in kit.</p> <p>Maintenance has been instructed to check the first aid kit in the Van weekly to ensure it has or has not been opened. If the kit has been opened, whatever has been used will be immediately replaced.</p> <p>Adm will check vehicle's first aid kit periodically to ensure ongoing compliance. <i>CP 5/2/16</i></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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/2/16</u> (Date)	Plan of correction implementation status as of <u>5/2/16</u> (Date)
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: 44596 - 02/25/2016 - Rushin, Julianne 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 § 2600.180 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 B completed the initial medication administration training on 11/26/2014; the annual practicum for staff person A was completed on 12/10/2015 more than 1 year from the initial medication administration training date. The annual practicum also did not include the recertified date, trainer's signature or the provider's name.	
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>	
Immediately - staff person B has a signed and dated annual practicum. The yearly recertification was completed within the 15-30 day from last recertification or initial training. Staff person A has completed Certified Medication Trainer the trainer program on 12-22-15, within the 15-30 guideline. Administrator will review staff training quarterly to remain in compliance with regulation 2600.182	
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>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>5/2/16</i> (Date)	Plan of correction implementation status as of <i>5/2/16</i> (Date)
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: 44695 - 02/25/2016 - Rushin, Julienne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2609 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 The Advair Diskus prescribed for resident #8 was prescribed on 1/22/16 and out of the foil package. The Diskus was not dated to indicate when it was opened.	
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>Immediately - Staff have been re-presented with regulation 2600.183 (d)</p> <p>Supervisors have been instructed to review medications with MAR's and inventory med. carts weekly to ensure proper packaging and labeling on each med and to check all open dates on medications</p> <p>Administrator will review task sheets monthly to ensure all tasks are being completed.</p> <p>and oversee periodic audit of the home's med cart(s) to ensure on-going compliance.</p> <p>Q. 5/21/16.</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>4-23-16</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of <i>5/21/16</i> (Date)	Plan of correction implementation status as of <i>5/21/16</i> (Date)
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: 44595 - 02/25/2016 - Rushin, Julienna PCH Name: RUTH M SMITH CENTER	
1. REGULATION 66 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.) <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>	
Immediately - Proper procedure for medication administration has been implemented for all staff Medication Administration procedure is posted at all med carts. Administrator will check med carts monthly to ensure proper documentation is available for staff. And that all med trained staff are following the home's procedures. OP 5/21/16	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lester Wagner Administrator</i>	Date <i>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>5/21/16</u> (Date)	Plan of correction implementation status as of <u>5/21/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44595 - 02/26/2016 - Rushin, Julieanne 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 [Redacted] <i>withdrawn.</i> Resident #8 is prescribed Zaditor 0.025% eye drops (PRN). The home did not have the eye drops 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.	
[Redacted]	
<p>Staff have been ^{retrained} re-presented with regulation 2600.187(d) and are aware of policy and procedures for PRN medications per Medication Administration training.</p> <p>Supervisors have been instructed and made responsible for ensuring all PRN medications that are prescribed are available as needed by a resident</p> <p>Adm. will ensure training is presented to all med tech staff - all training sheets will be signed in by staff - sheets will be retained by the home. <i>QR 5/21/16</i></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>4-23-16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>5/21/16</i></u> (Date)	Plan of correction implementation status as of <u><i>5/21/16</i></u> (Date)
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: 44595 - 02/25/2016 - Rushin, Julieanne PCH Name: RUTH M SMITH CENTER	
1. REGULATION 55 Pa.Code §2600 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	
2a. DESCRIPTION OF VIOLATION The Pre-Admission Screen for resident #4 dated [redacted] 14, is not marked to indicate that the resident's needs could be met in a personal care 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.	
<p>Resident # 4, [redacted] pre-screening is with inspectors A medical evaluation from resident # 4's psychiatrist and case manager is enclosed. The documentation states that the Ruth M. Smith Center as a possible alternative for resident, Going forward, the Adm will audit resident records for a current residents to ensure pre-adm screens are correct & complete. In the future, Adm/Designee will ensure a review of admission paperwork is double checked for correctness/completion to ensure compliance [Signature] 5/21/16</p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 11/19/2014
Signature of Legal Entity Representative (Required on EVERY Page) [Signature]	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Leslie Wagner Administrator Date 4-23-16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of 5/21/16 (Date)	Plan of correction implementation status as of 5/21/16 (Date)
The above plan of correction was approved by [Signature] (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