



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

Ms. Melissa Roell,  
Administrator  
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. Roell:

As a result of the Department of Human Services' annual licensing inspections on January 4, 2017 and January 5, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

FEB 27 2017

Page 2 of 7

Violation Report: 44595 - 01/04/2017 - Cultor, Jan		WEST REGION FIELD OFFICE	
PCH Name: RUTH M SMITH CENTER		Human Services Licensing	
1. REGULATION 66 Pa. Code §2600 2600.26(a) - The home shall establish and implement a quality management plan.			
<b>2a. DESCRIPTION OF VIOLATION</b> The home has not developed and implemented a quality management plan to include the review of: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.			
<b>3. PLAN OF CORRECTION (POC)</b> (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 administrator will establish a quality management plan and implement it. Said administrator will also add this to the homes policy and procedure hand book for staff			
In the future to ensure compliance the administrator will check regulation policies with the homes The home has established + implemented a quality management plan. JW. 3/24/17			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Malissa M Proell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Malissa M Proell Administrator</i>			Date <i>2/13/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/24/17</u> (Date)		Plan of correction implementation status as of <u>3/24/17</u> (Date)	
The above plan of correction was approved by <u>JW.</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented JW. <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

FEB 27 2017

Page 3 of 7

Violation Report: 44595 - 01/04/2017 - Cullor, Jan		WEST REGION FIELD OFFICE	
PCH Name: RUTH M SMITH CENTER		Human Services Licensing	
1. REGULATION 65 Pa.Code §2800 2800.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.			
2a. DESCRIPTION OF VIOLATION On 1/5/2017, the water temperature at the sink in the front bathroom measured 124.1 degrees Fahrenheit.			
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 - Water temperature was turned down to meet compliance of 120°</p> <p>Maintenance was represented with regulation 2600.89(b) and will be checking daily for one month to ensure compliance and regularity.</p> <p>The administrator will be checking in weekly to ensure its being done and the home is in compliance</p> <p>Within 30 days of receipt of the plan of correction: all staff persons will receive education in the requirement that hot water temperatures in areas accessible to residents may not exceed 120° Fahrenheit. Documentation of staff education shall be kept. <i>PLS 3/24/17</i></p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/25/2016	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Proell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Proell Administrator</i>			Date <i>2/15/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/24/17</u> (Date)		Plan of correction implementation status as of <u>3/24/17</u> (Date)	
The above plan of correction was approved by <u><i>PLS</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>PLS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

FEB 27 2017

Page 4 of 7

Violation Report: 44595 - 01/01/2017 - Cultor, Jan PCH Name: RUTH M SMITH CENTER		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.			
2a. DESCRIPTION OF VIOLATION The last two sleeping hour fire drills were conducted on 6/31/16 at 2:00 a.m., and 12/5/16 at 7:30 a.m.			
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 administrator will do a sleeping hour fire drill (February).</p> <p>The administrator will also mark asterisk next to the next sixth month (August) for 2017 on the fire drill log as a reminder</p> <p>The administrator will continue each year to due so each six months to continue compliance</p> <p>A sleeping hours fire drill was conducted on 3/20/17 @ 5:15 AM.</p> <p style="text-align: right;">NW 3/24/17</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Proell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Proell Administrator</i>			Date <i>2/27/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of	<u>3/24/17</u> (Date)	Plan of correction implementation status as of	<u>3/24/17</u> (Date)
The above plan of correction was approved by	<u>MP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>NW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

FEB 27 2017

Violation Report: 44595 - 01/04/2017 - Culler, Jan PCH Name: RUTH M SMITH CENTER		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 66 Pa.Code §2600 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.			
2a. DESCRIPTION OF VIOLATION Resident #1's annual medical evaluation, dated 11/18/2016, did not include the resident's medication regimen.			
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 medication regimen copies for resident #1 were placed in the file with the medical evaluation</p> <p>Supervisors will be given a memo to go with their annual medical evaluation dates reminding them that medication regimen lists must be included.</p> <p>The administrator will check residents medical evaluations monthly to ensure everything that is needed is there to ensure compliance</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Buell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Buell Administrator</i>			Date <i>2/15/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/24/17</u> (Date)		Plan of correction implementation status as of <u>3/24/17</u> (Date)	
The above plan of correction was approved by <u><i>MW</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

FEB 27 2017

Page 6 of 7

Violation Report: 44595 - 01/04/2017 - Culler, Jan		WEST REGION FIELD OFFICE	
PCH Name: RUTH M SMITH CENTER		Human Services Licensing	
<p>1. REGULATION 65 Pa.Code §2600                  2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>			
<p>2a. DESCRIPTION OF VIOLATION                  The home has not completed an initial assessment for resident #2, admitted [redacted] 2016.</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 - An initial assessment for resident #2 was completed and placed in [redacted] file</p> <p>In the future the administrator will get the initial assessment done within the 15 days by marking the calendar as a reminder when a new resident moves into ensure compliance</p> <p>Within 15 days of receipt of the plan of correction: a designated staff person will check all resident records to ensure each resident has an accurate and complete assessment completed within 15 days of admission and then at least annually. <i>pu. 3/24/17</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>LM Proell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Proell Administrator</i>			Date <i>2/15/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>3/24/17</u> (Date)		Plan of correction implementation status as of <u>3/24/17</u> (Date)	
The above plan of correction was approved by <u><i>pu.</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

RECEIVED

FEB 27 2017

Violation Report: 44595 - 01/04/2017 - Cutler, Jan PCH Name: RUTH M SMITH CENTER		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 66 Pa.Code §2600 2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.			
2a. DESCRIPTION OF VIOLATION The home has not developed and implemented policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.			
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 administrator will establish a policy and procedure addressing record accessibility, security, storage, authorized use and release and who is responsible for the record. Also the policy and procedure will be placed in the homes policy and procedure handbook for staff.</p> <p>In the future the administrator will check regulation policies with the homes policies annually to ensure compliance</p> <p>The home's policy addressing records has been developed + implemented.</p> <p style="text-align: right;">JN. 3/24/17</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Boell</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa M Boell</i>		Date <i>2/24/17</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u><i>3/24/17</i></u> (Date)		Plan of correction implementation status as of <u><i>3/24/17</i></u> (Date)	
The above plan of correction was approved by <u><i>JN.</i></u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <i>JN.</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	