



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

Ms. Melissa Roell,  
Administrator  
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. 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



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|  |                                   |   |                        |
|--|-----------------------------------|---|------------------------|
| Violation Report: 44508 - 01/04/2017 - Culler, Jan   |                                   | WEST REGION FIELD OFFICE  |                        |
| PCH Name: RUTH M SMITH CENTER  |                                   | Human Services Licensing  |                        |
| 1. REGULATION 65 Pa.Code §2600<br>2600.26(a) - The home shall establish and implement a quality management plan.   |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>The home has not established and implemented a quality management plan to include the review of:<br>(1). The reportable incident and condition reporting procedures<br>(2). Complaint procedures.<br>(3). Staff person training.<br>(4). Licensing violations and plans of correction, if applicable.<br>(5). Resident or family councils, or both, if applicable.   |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br>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.<br><br>Immediately - the administrator will establish a quality management plan and implement it. said administrator will also add this to the policy and procedure handbook for staff.<br>In the future the administrator will check regulation policies with home policies to be sure the home has up to date plans.<br><br>The home has established & implemented a quality management plan. <i>JM</i><br><span style="float: right;">3/24/17</span> |                                   |   |                        |
| Repeat Violation: No   | Date(s) of Previous Violation(s): |   |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Hoell</i>  |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Hoell</i>   |                                   |   | Date<br><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>3/24/17</u><br>(Date)  |                                   | Plan of correction implementation status as of <u>3/24/17</u><br>(Date)   |                        |
| The above plan of correction was approved by <u><i>JM</i></u><br>(Initials)  |                                   | <input checked="" type="checkbox"/> Fully Implemented <i>JM</i><br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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| Violation Report: 44598 - 01/04/2017 - Cutter, Jan  |                                   | WEST REGION FIELD OFFICE  |                        |
| PCH Name: RUTH M SMITH CENTER   |                                   | Human Services Licensing  |                        |
| 1. REGULATION 55 Pa.Code §2800<br>2800.85(a) - Sanitary conditions shall be maintained.   |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>On 1/5/2017, there was a pink disposable razor, a green disposable razor and a white bath pool, all unlabeled, in the shower in the upstairs back bathroom.   |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 personal/shower items will be removed and placed in labeled bathroom shower caddies</p> <p>In future supervisors/staff will check daily to make sure no items are left in the shower and a sign hung to remind residents to take items with them when finished.</p> <p>Administrator will check in with staff to be sure this is being followed weekly</p> |                                   |   |                        |
| Repeat Violation: No  | Date(s) of Previous Violation(s): |   |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell</i>   |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell Administrator</i>  |                                   |   | Date<br><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>3/24/17</u><br>(Date)   |                                   | Plan of correction implementation status as of <u>3/24/17</u><br>(Date)   |                        |
| The above plan of correction was approved by <u><i>MW</i></u><br>(Initials)   |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MW</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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| Violation Report: 44598 - 01/04/2017 - Cultor, Jan<br>PCH Name: RUTH M SMITH CENTER  |                                   | WEST REGION FIELD OFFICE<br>Human Services Licensing  |                        |
| 1. REGULATION 65 Pa.Code §2600<br>2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.   |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>The front swivel type lid to the garbage can in the kitchen was broken and missing from the garbage can.   |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 - trash cans were removed and replaced with brand new cans with lids that worked properly.</p> <p>Staff will inspect trash cans for defects monthly and if defective fill out maintenance slip for replacement</p> <p>Maintenance will be looking monthly for slips for replacement slips and if need to replaces immediately</p> <p>Administrator will check periodically to ensure compliance</p> |                                   |   |                        |
| Repeat Violation: No   | Date(s) of Previous Violation(s): |   |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Bruell</i>   |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Bruell Administrator</i>  |                                   |   | Date<br><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>3/24/17</u><br>(Date)  |                                   | Plan of correction implementation status as of <u>3/24/17</u><br>(Date)   |                        |
| The above plan of correction was approved by <u><i>MB</i></u><br>(Initials)  |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MB</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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| Violation Report: 44598 - 01/04/2017 - Culler, Jan<br>PCH Name: RUTH M SMITH CENTER  |                                   | WEST REGION FIELD OFFICE<br>Human Services Licensing   |                        |
| 1. REGULATION 55 Pa.Code §2600<br>2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.   |                                   |  |                        |
| 2a. DESCRIPTION OF VIOLATION<br>The top section of one of the wooden dining room chairs was broken and pulled away from the chair on the left side exposing a sharp edge which poses a laceration hazard to residents.   |                                   |  |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 chair was removed from the building.</p> <p>Staff will look for furniture and equipment in good or bad repair and report any disrepair to maintenance.</p> <p>Maintenance will check weekly for any repairs to equipment or furniture. If can't be repaired will be removed from facility.</p> <p>Administrator will be checking periodically to ensure compliance.</p> <p>Within 15 days of receipt of the plan of correction: all staff persons will be educated to immediately take out of service or report to the administrator any furniture or equipment which poses a hazard to residents. <i>JN. 3/24/17</i></p> |                                   |  |                        |
| Repeat Violation: No   | Date(s) of Previous Violation(s): |  |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Powell</i>   |                                   |  |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Powell Administrator</i>  |                                   |  | Date<br><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>3/24/17</u><br>(Date)  |                                   | Plan of correction implementation status as of <u>3/24/17</u><br>(Date)  |                        |
| The above plan of correction was approved by <u>JN.</u><br>(Initials)  |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JN.</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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Violation Report: 44598 - 01/04/2017 - Culler, Jan  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 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 #1 did not have a source of light that can be turned on/off from 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 #1 had a light source lamp, placed next to the bed that can be turned off and on.

Staff will check daily that each resident has a working bedside light source.

Administrator will be checking weekly that the residents have this to ensure compliance

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/24/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Melissa M. Prael*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melissa M Prael Administrator*      Date *3/24/17*

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

The above plan of correction is approved as of 3/24/17  
(Date)

Plan of correction implementation status as of 3/24/17  
(Date)

The above plan of correction was approved by *M.P.*  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *M.P.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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| Violation Report: 44598 - 01/04/2017 - Cutler, Jan   |                                   | WEST REGION FIELD OFFICE  |                        |
| PCH Name: RUTH M SMITH CENTER  |                                   | Human Services Licensing  |                        |
| 1. REGULATION 66 Pa.Code §2600<br>2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.  |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>The last two sleeping hour fire drill were conducted on 6/19/16 at 1:00 a.m., and 12/22/16 at 5:00 a.m.  |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 an asterisk next to the next sixth month (August) sleeping hour fire drill 2017 on the fire drill log as a reminder</p> <p>The administrator will continue to each year/ six month to put an asterisk as a reminder to ensure compliance</p> <p>A sleeping hour fire drill was conducted on 2/28/17 @ 11:04 p.m. g.w. 3/29/17</p> |                                   |   |                        |
| Repeat Violation: No   | Date(s) of Previous Violation(s): |   |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Powell</i>   |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Powell Administrator</i>  |                                   |   | Date<br><i>2/24/17</i> |
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| The above plan of correction was approved by <u><i>g.w.</i></u><br>(Initials)  |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g.w.</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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| Violation Report: 44598 - 01/04/2017 - Cutler, Jan  |                                   | WEST REGION FIELD OFFICE  |                        |
| PCH Name: RUTH M SMITH CENTER   |                                   | Human Services Licensing  |                        |
| 1. REGULATION 58 Pa.Code §2600<br>2600.141(b)(1) - A resident shall have a medical evaluation at least annually.  |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>Resident #2's medical evaluation is not dated and is not signed by the person who completed it. Therefore, it is not possible to determine if it was completed within the past 12 months by a person who is qualified to do so.   |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 - Resident #2's medical evaluation will be sent back to the physician to be signed and dated based on the paperwork we have stating [redacted] was seen on 4/27/16 for [redacted] medical evaluation.</p> <p>The staff will make sure that all documents are signed and dated before leaving the doctors office.</p> <p>The administrator will check all paperwork <sup>including medical evaluations</sup> that comes in the office for proper signatures and dates to ensure compliance, at least monthly. <i>M.</i></p> <p>Within 30 days of receipt of the plan of correction: The administrator will develop and implement a tracking system to ensure each resident has an accurate and complete medical evaluation completed at least annually. <i>M. 3/24/17</i></p> |                                   |   |                        |
| Repeat Violation: Yes   | Date(s) of Previous Violation(s): | 02/24/2016  |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell</i>   |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell Administrator</i>  |                                   |   | Date<br><i>2/27/17</i> |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>   |                                   |   |                        |
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| The above plan of correction was approved by <u><i>M.</i></u><br>(Initials)   |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>M.</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

*M.*  
3/24/17

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| Violation Report: 44598 - 01/04/2017 - Cutter, Jan<br>PCH Name: RUTH M SMITH CENTER  |                                   | WEST REGION FIELD OFFICE<br>Human Services Licensing  |                        |
| 1. REGULATION 56 Pa.Code §2600<br>2600.225(c) - The resident shall have additional assessments as follows:<br>(1) Annually.<br>(2) If the condition of the resident significantly changes prior to the annual assessment.<br>(3) At the request of the Department upon cause to believe that an update is required.  |                                   |   |                        |
| 2a. DESCRIPTION OF VIOLATION<br>The most recent assessment for resident #2 was completed on 5/14/2015.   |                                   |   |                        |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)<br><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 - Resident #2's assessment will be updated and the new annual date will be February.</p> <p>The administrator will check assessments monthly for renewals</p> <p>The administrator will make a chart with all residents assessment renewal dates to ensure compliance.</p> <p>An assessment for resident #2 was completed on 3/1/17. <i>pu. 3/29/17</i></p> |                                   |   |                        |
| Repeat Violation: No   | Date(s) of Previous Violation(s): |   |                        |
| Signature of Legal Entity Representative<br><i>(Required on EVERY Page)</i> <i>LM Melissa M Hoell</i>  |                                   |   |                        |
| Printed Name and Title of Legal Entity Representative<br><i>(Required on EVERY Page)</i> <i>Melissa M Hoell Administrator</i>  |                                   |   | Date<br><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><br>(Date)  |                                   | Plan of correction implementation status as of <u>3/24/17</u><br>(Date)   |                        |
| The above plan of correction was approved by <u><i>pu</i></u><br>(Initials)  |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |

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|---|-----------------------------------|--|------------------------|
| Violation Report: 44508 - 01/04/2017 - Cutter, Jan  |                                   | WEST REGION FIELD OFFICE   |                        |
| PCH Name: RUTH M SMITH CENTER   |                                   | Human Services Licensing   |                        |
| 1. REGULATION 65 Pa.Code §2600<br>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<br>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.)<br><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 records. 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 home policies to ensure compliance</p> <p>The home's policy addressing records has been developed &amp; implemented. JW. 2/24/17</p> |                                   |  |                        |
| Repeat Violation: No  | Date(s) of Previous Violation(s): |  |                        |
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell</i>   |                                   |  |                        |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Melissa M Boell Administrator</i>  |                                   |  | Date<br><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 <i>2/24/17</i><br>(Date)   |                                   | Plan of correction implementation status as of <i>2/24/17</i><br>(Date)  |                        |
| The above plan of correction was approved by <i>JW.</i><br>(Initials)   |                                   | <input checked="" type="checkbox"/> Fully Implemented <i>JW.</i><br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |                        |