



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 28, 2018

Ms. Melissa Roell
Executive Director
Ruth M. Smith Center
407 South Main Street
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
Building B
Certificate #: 445960

Dear Ms. Roell:

As a result of the Department of Human Services' licensing inspection on August 4, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: RUTH M SMITH CENTER		License Number: 44598
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Mellissa Roell		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy C-2 LP 02/27/1987 Dept of Labor		RECEIVED JAN 18 2018 WEST VIRGINIA DEPARTMENT OF LABOR CHARLES T. BROWN, JR., Director
Staffing Hours	Total Daily Staff: 8	Waking Staff: 6
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/04/2017: Grace, Desmond; Eveses, Joseph		
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: 8 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: 10	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 1 Have Mental Illness: 3 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44586 - 08/04/2017 - Grace, Desmond
PCH Name: RUTH M SMITH CENTER

JAN 18 2018

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

WESTERN PENNSYLVANIA
HUMAN SERVICES UNIVERSITY

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 5/4/17, does not include the resident's ability to self-administer medication.

Resident #2's medical evaluation, dated 1/5/17 does not indicate the resident's ability to self-administer medication. This section was blank.

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

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

Immediately. the medical evaluations for both resident # 1 and # 2 were taken back to the doctors to be determined if residents # 1 and # 2 could or could not self administer medication

From now on we will highlight the all areas on the medical evaluation form and look them over before we leave the doctors office.

The administrator will put out a memo to supervisors about the above changes to ensure compliance.

Immediately: The administrator or designee shall review all current medical evaluations to ensure medical evaluations are completed timely, accurately and in their entirety to include a medication regimen. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluations will be scheduled and completed. 1-19-18 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Melissa M Boell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa M Boell Administrator* Date *1/12/18*

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

The above plan of correction is approved as of 1-19-18
(Date)

Plan of correction implementation status as of 1-19-18
(Date)

The above plan of correction was approved by ✓
(Initials)

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

JAN 18 2018

Violation Report: 44596 - 08/04/2017 - Grace, Desmond
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 had an assessment completed on 12/14/15. However, the resident's next assessment was not completed until 7/10/17.

Resident #3's most recent assessment was completed on 12/29/15.

Resident #4's most recent assessment was completed on 5/16/16.

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

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

Immediately - The resident 1,3 and 4 were updated and started on a new yearly schedule.

From here on out the Supervisors and Administrator will be use a chart that shows by name, bldg, MAS1 and or DME and also the month the resident need to have their yearly medical evaluations done by.

Administrator will find someone to help keep with all the resident assessment support plans.

Immediately: The administrator or designated staff person shall review all current resident assessments to ensure accuracy and completeness. 1-19-18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa M Boell

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

Melissa M Boell

Date

1/18/18

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The above plan of correction is approved as of

1-19-18
(Date)

Plan of correction implementation status as of

1-19-18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

MB
(Initials)