



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 14 2018

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

RE: Ruth M. Smith Center
Building A
Certificate #: 445950

Dear Ms. Roell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 17, 2018 and January 18, 2018, 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.

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

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

PCH Name: RUTH M SMITH CENTER BUILDING A		License Number: 44595
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Melissa Roell		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy LP 08/28/1989 L&I		RECEIVED MAR 15 2018 WEST VIRGINIA FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2018: Marini, Michael 01/18/2018: Marini, Michael		
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: 9 Are 60 Years of Age or Older: 3 Have Mental Illness: 10 Have an Intellectual Disability: 4 Have a Mobility Need: 0 Have a Physical Disability: 1	

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGIONAL OFFICE
PHILADELPHIA COUNTY (PHILADELPHIA)

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

On 1-18-18, the licensing inspection summary dated 1-4-17 and 1-5-17 was not posted in a conspicuous and public place in the home.

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

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

Immediately the licensing inspection summary dated 1-4-17 and 1-5-17 was posted in a conspicuous and public place.

From now on the administrator will put out the new inspection summaries as soon as they arrive and he/she reviews them to ensure compliance

Immediately: A designated staff person shall check the home monthly to ensure all items specified in 2600.3c, including the most recent licensing inspection summary, are posted in a conspicuous and public place. *5/19/18*

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 Administrator* Date *3/11/18*

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

The above plan of correction is approved as of *5/19/18*
(Date)

Plan of correction implementation status as of *5/19/18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *A*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

MAY 01 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
The record of resident #1, admitted on [redacted]-17, does not include a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 was given the residents rights and complaint procedures and signed the acknowledging receipt.

From now on the administrator will be sure that each new resident is presented with both the residents rights and complaint procedure and that the acknowledgment is signed and filed

Immediately a designated staff person shall review all resident records to ensure a statement signed by the resident acknowledging receipt of resident rights and complaint procedures is present in each record. 5/9/18
The administrator will use a new resident check list to ensure all paper work is done and to ensure compliance

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 Administrator Date 5/11/18

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

The above plan of correction is approved as of 5/9/18
(Date)

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

Plan of correction implementation status as of 5/9/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST BERNHARD COUNTY OFFICE
LAW ENFORCEMENT DIVISION

1. REGULATION 55 Pa.Code §2600

2600 51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on 9-6-17, did not have a criminal history background check completed until 1-17-18

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

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

Immediately staff person A's background check was completed and presented to the inspector.

From now on when hiring a new employee we will use a check list to ensure all required paperwork is filled out.

The administrator will check the check list along with the secretary to be sure all paper work is done and to ensure compliance

Immediately: A designated staff person shall review all staff records to ensure each staff person has a Pennsylvania criminal background check completed on the PATCH form. *[Signature]* 5/9/18

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 Administrator* Date *3/11/18*

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

The above plan of correction is approved as of *5/9/18*
(Date)

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

Plan of correction implementation status as of *5/9/18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST BUCKHORN FIELD OFFICE
Personnel Training

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility such as: prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 8-8-12, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:

- *Medication self-administration training
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- *Care for residents with dementia and cognitive impairments
- *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration

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.

Staff person B is no longer employed as of 1/22/18

See Page 5A of 19

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa M Roell Administrator* Date *3/11/18*

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

The above plan of correction is approved as of 3/9/18
(Date)

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

Plan of correction implementation status as of 3/9/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 01 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 8-8-12, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:

- *Medication self-administration training
- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- *Care for residents with dementia and cognitive impairments.
- *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration

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 designated staff person shall develop and implement a tracking system to ensure all direct care staff persons receive training on all topics specified in 2600.65f during each established training year. Documentation of the system shall be kept. The new system shall be reviewed during each quality management review.

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 *5/1/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

MAR 15 2018

Page 6 of 19

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST BROMFIELD FIELD OFFICE
[Illegible text]

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations
- (3) Resident rights
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable

2a. DESCRIPTION OF VIOLATION

Direct care staff person B. hired on 8-8-12, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:
*Resident rights
*Falls and accident prevention

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.

Staff person B is no longer an employee as of 1/22/18

See Page 6A of 19

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 *3/11/18*

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

The above plan of correction is approved as of 3/19/18
(Date)

The above plan of correction was approved by *L*
(Initials)

Plan of correction implementation status as of 3/19/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *f*
- Partially Implemented - Inadequate Progress
- Not Implemented

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MAY 01 2018

Page 6 of 19

Violation Report: 44595 - 01/17/2018 - Marini, Michael

PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 8-8-12, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:

- *Resident rights
- *Falls and accident prevention

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 designated staff person shall develop and implement a tracking system to ensure all direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers receive training on all topics specified in 2600.65g during each established training year. Documentation of the system shall be kept. The new system shall be reviewed during each quality management review.

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 Administrator

Date

5/1/18

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)

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

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WESTER BRUNSWICK OFFICE
WATER & SEWER DEPARTMENT

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

On 1-18-18 at 1:40 PM, the hot water at resident #2's sink measured 125.9 degrees Fahrenheit.

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 hot water temperature was turned down on the tank. It was adjusted till proper temperature, 120°F, or lower was achieved

For precaution a daily check sheet was made. The maintenance man will check the water temper in different place in the home, on a daily basis, to ensure the hot water temperature in areas accessible to residents does not exceed 120°F. 5/9/18

The administrator will check on the temperature sheet weekly and communicate with the maintenance man on how things are going to ensure compliance

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/04/2017 *et al.*

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

3/11/18

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

The above plan of correction is approved as of

5/9/18

(Date)

Plan of correction implementation status as of

5/9/18

(Date)

Fully Implemented

Partially Implemented - Adequate Progress *L*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

L

(Initials)

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

VIOLATION # 2018-03-00009
DATE 03/15/2018

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
On 1-18-18, at approximately 12:55 PM, the freezer to the left of the kitchen window measured 8 degrees Fahrenheit.

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 temperature was turned down on the freezer and a new thermometer was placed in the freezer

The cook checks daily and writes it on a check sheet. He/She will do so for one month.

The administrator will check in on the temperature sheet weekly and speak with the cook to ensure compliance.

Immediately: A designated staff person shall check all refrigerators and freezers daily to ensure food requiring refrigeration is stored at or below 40°F and frozen food shall be kept at or below 0°F.

5/9/18

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 Administrator* Date *3/11/18*

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

The above plan of correction is approved as of 5/9/18 (Date)

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

Plan of correction implementation status as of 5/9/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *h*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

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 last fire safety inspection and fire drill conducted by a fire safety expert was completed on 9-6-16.

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 administrator will contact the fire department.

A fire safety inspection and supervised fire drill was conducted by a fire safety expert on 5/8/18. 5/9/18

The fire safety inspection and fire drill will be scheduled by the fire chief, [REDACTED]

Immediately: A designated staff person shall develop and implement a system to ensure a fire safety inspection and supervised fire drill is conducted by a fire safety expert at least annually.

The administrator will help execute the inspection and drill then present the proper paperwork to the department of Human Services to ensure our compliance. 5/9/18

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 *3/11/18*

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

The above plan of correction is approved as of 5/9/18
(Date)

Plan of correction implementation status as of 5/9/18
(Date)

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

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

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST BROMFIELD OFFICE

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 record for the drill conducted on 7-19-17 at 2:50 PM does not include the exit route used.

Also, the fire drill record for the following fire drills does not designate AM or PM for the time these drills were conducted

- * 10-12-17 at 10:35
- * 11-2-17 at 4:05
- * 12-25-17 at 12:30

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 memo was sent out to staff reminding them of everything that must be included on the fire drill log.

The administrator will check the fire drill logs monthly to be sure all information is on there that needs to be to ensure compliance.

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 Administrator

Date 3/11/18

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

The above plan of correction is approved as of

5/9/18
(Date)

Plan of correction implementation status as of

5/9/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44595 - 01/17/2018 - Marini, Michael
 PCH Name: RUTH M SMITH CENTER BUILDING A

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

MAR 15 2018

2a. DESCRIPTION OF VIOLATION
 The last fire drill held during sleeping hours was on 3-20-17 at 5:15 AM.

WESTPHALIA COUNTY OFFICE
 2000 W. MARKET STREET, HARRISBURG, PA 17104

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 plan was made to be sure two sleeping hour fire drills are done in the year, or one every six months.

A fire drill was held during sleeping hours on 2/19/18 at 3⁴⁵ am.

The administrator put fire drills on her calendar also on her computer calendar that will give her reminders on her computer and cell phone to ensure compliance with the sleeping hour fire drills to ensure a fire drill is held during sleeping hours at least once every 6 months.

5/19/18

5/19/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/04/2017 et al.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa M Hoell Administrator* Date *3/11/18*

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

The above plan of correction is approved as of 5/19/18
 (Date)

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

Plan of correction implementation status as of 5/19/18
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WISCONSIN DEPARTMENT OF
COMMUNITY DEVELOPMENT

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

There were 8 residents in the home at the time of the fire drill conducted on 2-28-17 at 11:09 PM; however, only 7 residents evacuated.
There were 9 residents in the home at the time of the fire drill conducted on 3-18-17 at 11:02 PM; however, only 8 residents evacuated.

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 fire drills were done again and the resident was spoken to about exiting the building during a drill and given a written warning the second time.

Immediately: A designated staff person shall review the home's fire drills monthly to ensure all residents evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill. *[Signature]*
5/9/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Melissa M Boell Administrator

Date 3/11/18

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

The above plan of correction is approved as of

5/9/18
(Date)

Plan of correction implementation status as of

5/9/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #3's glucometer was not calibrated to the current time.

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

Immediately resident #3's glucometer was calibrated to the current time.

Staff were presented with documentation on how to calibrate residents glucometers.

The administrator will randomly check ^{at least 2 + 5/19/18} glucometers weekly to be sure they are being calibrated to the proper date and times to ensure compliance. _{5/19/18}

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa M Poell Administrator*

Date *3/11/18*

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

The above plan of correction is approved as of *5/19/18*
(Date)

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

Plan of correction implementation status as of *5/19/18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *+*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF LICENSING

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's January 2018 medication administration record (MAR) does not include a diagnosis or purpose for several medications to include the following:

- * Lactulose
- * Tinactin 1%
- * Hydrocortisone 1%
- * Carnitor, 330 mg

Resident #1's January 2018 MAR does not include the frequency of administration and route of administration for Metamucil. Also, this MAR does not include the route of administration for Gavison.

Resident #3's January 2018 MAR does not include a diagnosis or purpose for the following medications:

- * Lorazepam, 0.5 mg
- * Simvastatin, 20 mg

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

See Page 14A of 19

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 each purpose and route was put in for resident #1 & 3 also the frequency.
 Each was written into the MAR correctly for residents # 1 and 3.
 The administrator will check MARs monthly to ensure compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Hoell* Date *3/11/18*

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

The above plan of correction is approved as of 5/9/18 (Date)

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

Plan of correction implementation status as of 5/9/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *z*
- Partially Implemented - Inadequate Progress
- Not Implemented

MAY 01 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Za. DESCRIPTION OF VIOLATION

Resident #1's January 2018 medication administration record (MAR) does not include a diagnosis or purpose for several medications to include the following:

- * Lactulose
- * Tinactin 1%
- * Hydrocortisone 1%
- * Carnitor, 330 mg

Resident #1's January 2018 MAR does not include the frequency of administration and route of administration for Metamucil. Also, this MAR does not include the route of administration for Gaviscon.

Resident #3's January 2018 MAR does not include a diagnosis or purpose for the following medications:

- * Lorazepam, 0.5 mg
- * Simvastatin, 20 mg

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 designated staff person shall review all resident medication administration records to ensure all items specified in 2600.187a, including a diagnosis or purpose, frequency of administration and route of administration, are present.

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* Date *3/1/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

MAR 15 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

VIOLATION CATEGORY
DEPARTMENT OF HEALTH

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B completed and passed the initial Department-approved medication administration course in 2014. However, staff person B did not complete an annual medication practicum in 2016 or 2017. Staff person B administered several medications to resident #3 at 8:00 AM on the following dates:

- * Metformin, 500 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Lisinopril, 5 mg on 1-10-18 through 1-12-18 and 1-18-18
- * Pioglitazone, 15 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Januvia, 100 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Sertraline, 100 mg from 1-10-18 through 1-12-18 and on 1-18-18

Also, staff person B administered Carnitor, 330 mg to resident #1 at 8:00 AM from 1-10-18 through 1-12-18.

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.

Staff person B is no longer employed by the Ruth M. Smith Center.

See Page 15A of 19

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 *3/11/18*

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

The above plan of correction is approved as of 3/19/18
(Date)

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

Plan of correction implementation status as of 3/19/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 01 2018

Page 15 of 19 ^A

Violation Report: 44595 - 01/17/2018 - Marini, Michael

PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGION FIELD OFFICE

1. REGULATION 55 Pa.Code §2600

Human Services Licensing

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B completed and passed the initial Department-approved medication administration course in 2014. However, staff person B did not complete an annual medication practicum in 2016 or 2017. Staff person B administered several medications to resident #3 at 8:00 AM on the following dates:

- * Metformin, 500 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Lisinopril, 5 mg on 1-10-18 through 1-12-18 and 1-18-18
- * Pioglitazone, 15 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Januvia, 100 mg from 1-10-18 through 1-12-18 and on 1-18-18
- * Sertraline, 100 mg from 1-10-18 through 1-12-18 and on 1-18-18

Also, staff person B administered Carnitor, 330 mg to resident #1 at 8:00 AM from 1-10-18 through 1-12-18.

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 designated staff person shall review all staff training records to ensure all staff persons administering medications have received all required training, including annual practicums, in accordance with the Department-approved medication administration course.

Immediately: The home shall develop and implement a tracking system to ensure all staff persons administering medications receive timely training, including annual practicums, in accordance with the Department-approved medication administration course. Documentation of the system shall be kept.

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 *5/1/18*

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

The above plan of correction is approved as of _____
(Date)

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

Plan of correction implementation status as of _____
(Date)

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

MAR 15 2018

Page 16 of 19

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST VIRGINIA NURSING HOME
Nursing Home Inspection

1. REGULATION 55 Pa. Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted on [redacted]-17, was not educated on the right of a resident to question or refuse a medication if the resident believes there may be a medication error.

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 was educated on their right to question and or refuse medication if he/she believes there is a medication error.

Resident # 1 was present with documentation and staff put in [redacted] file along with the administrator

The administrator will use a new resident check list for paperwork to ensure compliance

Immediately: A designated staff person shall review all resident records to ensure documentation is present that each resident was educated on their right to question or refuse medication if the resident believes there may be a medication error. 3/19/18

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 Administrator

Date 3/11/18

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

The above plan of correction is approved as of

3/19/18
(Date)

Plan of correction implementation status as of

3/19/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

[Signature]

(Initials)

APR 27 2018

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

An assessment has not been completed for resident #1, admitted on [redacted] 17.

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 an assessment for resident # 1 was filled out and filed.
An assessment was completed for resident #1 on 2/6/18. *5/9/18*

There now will be three people that can do the assessments the supervisors of the buildings, the activities directors and the administrator

The administrator will make a chart with assessment names, dates and delegate out who will be doing what assessments to ensure compliance. A designated staff person shall review the chart weekly to ensure each resident has an assessment, completed in its entirety, within 15 days of admission, and is present in each resident record. *5/9/18*

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/04/2017 et al.

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 *4/23/18*

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

The above plan of correction is approved as of *5/9/18* (Date)

The above plan of correction was approved by *L* (Initials)

Plan of correction implementation status as of *5/9/18* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *+*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

RECEIVED

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.

APR 27 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent assessment was completed on 10-10-17. However, his/her previous assessment was completed on 12-17-15.

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 support plan for the resident #3 was developed

There are three people now that can help do the support plans. The supervisors, activity director and administrator.

The administrator will add the support plan dates to the assessment chart to ensure support plans are always up to date. This will ensure compliance. A designated staff person shall review the chart monthly to ensure each resident has an assessment, completed in its entirety, at least annually, and is present in each resident-visit.

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

Signature of Legal Entity Representative (Required on EVERY Page) Melissa M Broll 5/9/18

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa M Broll Administrator Date 4/23/18

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

The above plan of correction is approved as of 5/9/18 (Date)

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

Plan of correction implementation status as of 5/9/18 (Date)

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

Violation Report: 44595 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER BUILDING A

01/17/2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

A support plan has not been completed for resident #1, admitted on [redacted]-17.

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 support plan was developed and implemented for resident #1.

There now are three people that can do the support plans the supervisors, activities director and administrator.

The administrator will add the support plan and dates to the assessment chart and delegate out who will be doing what support plans to ensure compliance. A designated staff person shall review the chart weekly to ensure each resident has a support plan, completed in its entirety, within 30 days of admission, and is present in each resident record.

5/19/18

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 Administrator* Date *4/23/18*

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

The above plan of correction is approved as of 5/19/18 (Date)

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

Plan of correction implementation status as of 5/19/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented