



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 B
Certificate #: 445960

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: RUTH M SMITH CENTER		License Number: 44596
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 Other 02/06/1986 L&I		MAR 15 2018 WEST REGION FIELD OFFICE (Harrisburg, PA)
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
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 <i>15 (HA)</i> Number of Residents Served: 9 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: 9 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

MAR 15 2018

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

VIOLATION TO CORRECT
(Required on EVERY Page)

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 has reviewed them to ensure the homes 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. *SJ*
3/14/18

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 *3/14/18*

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

The above plan of correction is approved as of *3/14/18* (Date)

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

Plan of correction implementation status as of *3/14/18* (Date)

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

MAR 15 2018

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

MENTAL HEALTH DIVISION OFFICE
Department of Public Health

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 A, hired on 4-24-01, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:

- *Medication self-administration training
- *Care for residents with dementia and cognitive impairments

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 to make sure all training for direct care staff according to Pa Code 2600.65(f) 1-7.

Training were found online, videos and paper.

The administrator will be sure that each training actually pertains exactly to the following Pa Codes 2600.65(f) 1-7 to ensure compliance

See Page 3A of 10

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 *3/14/18*

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

The above plan of correction is approved as of <u>3/9/18</u> (Date)	Plan of correction implementation status as of <u>3/9/18</u> (Date)
The above plan of correction was approved by <u><i>A</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>+</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

A

MAY 01 2018

Violation Report: 44586 - 01/17/2018 - Marini, Michael

PCH Name: RUTH M SMITH CENTER

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.

Za. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 4-24-01, did not complete training in the following topics during the 1-1-17 to 12-31-17 training year:

- *Medication self-administration training
- *Care for residents with dementia and cognitive impairments

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.

- Direct care staff person A received the following trainings:
- Medication self-administration training on 4/6/18
 - Care for resident with dementia and cognitive impairments on 4/25/18

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):		
----------------------	-----------------------------------	--	--

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Bruell 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: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

NON-PROFIT PROVIDER

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 A, hired on 4-24-01, 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 found trainings to cover 2600.65(g) 1-6 that were not covered.

See Page 4A of 10

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 *3/14/18*

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

The above plan of correction is approved as of <u>3/9/18</u> (Date)	Plan of correction implementation status as of <u>3/9/18</u> (Date)
The above plan of correction was approved by <u>f</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 01 2018

Violation Report: 44586 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.85(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 A, hired on 4-24-01, 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.

Direct care staff person A received the following trainings:
Resident rights training on 4/6/18
Falls and accident prevention training on 4/24/18

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 2800.85g 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 Roell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa M Roell 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)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 15 2018

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600
2600 132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually
Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
The 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

The administrator will contact the fire department immediately

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

A fire safety inspection and supervised fire drill was conducted by a fire safety expert on 5/18/18. *L Stalig*

The administrator will help execute the inspection and fire drill then present the proper paperwork to the Department of Human Services, to ensure our compliance

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. *L Stalig*

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 *3/14/18*

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

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

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

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

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

MAR 15 2018

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

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

The January 2018 medication administration record for resident #1 does not include the route of administration for several medications to include the following:

- * Voltaren, 75 mg - 1 tablet twice daily
- * Lisinopril, 10 mg - 1 tablet daily
- * Metformin HCL, 500 mg - 1 tablet twice daily
- * Diphenhydramine, 25 mg - 1 capsule every 8 hours as needed
- * Tamsulosin HCL, 0.4 mg - 1 capsule at bedtime

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 route for each medication was written in the MAR.

Supervisors were told to be sure each medication in the MAR includes the list of 14 things above during a supervisors meeting on 3/8/18

The administrator will check the MARs monthly to ensure compliance:

See Page CoA of 10

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 *3/14/18*

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

Page 6 of 10

Violation Report: 44598 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

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.

2a. DESCRIPTION OF VIOLATION

The January 2018 medication administration record for resident #1 does not include the route of administration for several medications to include the following:

- * Voltaren, 75 mg - 1 tablet twice daily
- * Lisinopril, 10 mg - 1 tablet daily
- * Metformin HCL, 500 mg - 1 tablet twice daily
- * Diphenhydramine, 25 mg - 1 capsule every 8 hours as needed
- * Tamsulosin HCL, 0.4 mg - 1 capsule at bedtime

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 the route of administration, are present.

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: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

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 was not completed for resident #2, 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 # 2 was filled out and filed
An assessment was completed for resident #2 on 4/17/17. 5/19/18

There now will be three people who can do the assessments the supervisors of the building, activities director and the administrator.

The administrator will make a chart with assessment dates, names and delegate out who will be doing what assessment 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. 5/19/18

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 3/14/18

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

RECEIVED

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER
MAR 15 2018

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's most recent assessment was completed on 5-16-16.

Resident #3's current assessment was completed on 7-6-17. However, the resident's previous assessment was completed on 8-31-15.

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 resident #1 had an assessment done and filed
A new assessment was completed for resident #1 on 3/14/18.

5/9/18

There are now three people that can do resident assessments, the supervisors, activities director and the administrator

The administrator will make a chart with assessment names and dates. Then delegate out who will be doing what assessments to 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 record.

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 *3/14/18*

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 *R*
(Initials)

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

MAR 15 2018

Violation Report: 44596 - 01/17/2018 - Marini, Michael
PCH Name: RUTH M SMITH CENTER

WEST PENNSYLVANIA UNIVERSITY OF HEALTH SCIENCES

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 was not completed for resident #2, 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

A support plan was completed for resident #2 on 4/17/17

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

The administrator will add the support plan dates to the assessment chart and delegate out who will be doing what support plan 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

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 *3/14/18*

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