



MAILING DATE: February 20, 2019

Ms. Kimberly G. Adams
Executive Director
Ruth M. Smith Center
PO Box 576
407 South Main Street
Sheffield, Pennsylvania 16347

RE: Ruth M. Smith Center
Building C
Certificate #: 445980

Dear Ms. Adams:

As a result of the Department's Bureau of Human Services Licensing inspection on November 27, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style with a large, looped initial "J".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

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

Page 1 of 2

PCH Name: RUTH M SMITH CENTER		License Number: 44598
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		County: Warren
Administrator: Kim Adams		Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		
Certificate(s) of Occupancy		FEB 13 2019
Other 11/25/1983 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/27/2018: Hoover, Josh		
Off-Site Inspection Dates and Inspectors, if Applicable		
11/29/2018: Hoover, Josh		
01/08/2019: Hoover, Josh		
01/10/2019: Hoover, Josh		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 15 Number of Residents Served: 7 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: 6 Are 60 Years of Age or Older: 2 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 44598 - 11/27/2018 - Hoover, Josh
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On the following dates and times there were no staff present in the home who were trained in first aid and certified in obstructed airway techniques and CPR.

- 11/1/18 through 11/4/18 from 12:00a.m. to 8:00a.m.
- 11/6/18 through 11/11/18 from 12:00a.m. to 8:00a.m.
- 11/13/18 through 11/18/18 from 12:00a.m. to 8:00a.m.
- 11/20/18 from 12:00a.m. to 8:00a.m.
- 11/23/18 through 11/27/2018 from 12:00a.m. to 8:00a.m.

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WEST REGION FIELD OFFICE
HUMAN SERVICES DIVISION

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 staff person on the midnight shift (12AM-8AM) has been trained in CPR, first aid and certified in obstructed airway techniques. (All staff trained)

Newly hired staff will be trained in compliance with Regulation 2600.63(a) before working unsupervised.

The Executive Director and Office Manager will make sure employees are trained according to Regulation 2600.63a.

Immediately - The administrator will ensure at least one staff person trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times.

Immediately - The administrator will audit the schedule at least weekly, to ensure that staff persons who meet the requirements under 2600.63a are scheduled and present in the home.


Repeat Violation: No Date(s) of Previous Violation(s): Immediately - The administrator will develop a tracking system to ensure that staff maintain current certification in first aid, CPR and obstructed airway techniques. -- JRW 2/13/19

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams, Interim Executive Director* Date *2/13/2019*

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

The above plan of correction is approved as of 2/13/19 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 2/13/19 (Date)

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