



July 2, 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 annual inspection on January 15, 2019, of the above facility, the violations 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

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

PCH Name: RUTH M SMITH CENTER		<b>RECEIVED</b>	License Number: 44598
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347		MAY 07 2019	County: Warren
Administrator: KIMBERLY G ADAMS		WEST REGIONAL OFFICE	Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		Human Services Licensing	
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347			
<b>Certificate(s) of Occupancy</b>			
Other 02/27/1987 Dept Labor & Industry			
<b>Staffing Hours</b>			
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
<b>Reason(s) for inspection(s)</b>			
Renewal			
<b>On-Site Inspections Dates and Department Representatives On-Site</b>			
01/15/2019: Mulick, Cindy			
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>			
<b>Other Details</b>			
Partial or Full Triggers:		Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>			
Licensed Capacity: 15 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: 0		<b>Number of Residents who:</b> Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 3 Have Mental Illness: 8 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

MAY 07 2019

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There is no operable lock on the second floor bathroom with the shower and three toilet stalls.

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.

An operable lock was immediately placed on the second floor bathroom door.

The Supervisor will make sure the lock is working and in good repair. The maintenance person will fix the lock or replace as needed.

The Administrator will check for compliance periodically. - at least weekly. Documentation of the checks shall be kept. JW 6/10/19

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/17/2018 et al

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, Executive Dir.*      Date *5/3/2019*

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

The above plan of correction is approved as of <u>6/10/19</u> (Date)	Plan of correction implementation status as of <u>6/10/19</u> (Date)
The above plan of correction was approved by <u>JW</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 07 2019

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/15/19, at 10:16 a.m., there was a six inch piece of linoleum tearing away from the baseboard outside of the shower in the second floor women's bathroom exposing a layer of dirt underneath.

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 linoleum tear was immediately repaired.

The Building Supervisor will give a repair request to the maintenance person to make immediate repairs as needed.

at least weekly JW 6/10/19

Administrator will randomly check for compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Adams, Executive Director Date 5/3/2019

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

The above plan of correction is approved as of 6/10/19 (Date)

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

Plan of correction implementation status as of 6/10/19 (Date)

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

RECEIVED

MAY 07 2019

Page 4 of 8

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
 Human Resources Services

1. REGULATION 56 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 1/15/19, at 10:15 a.m., the hot water temperature measured 123.2 in the sink to the left, located on the second floor women's bathroom.

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 water temperature was immediately turned down to 110° and measured at that within about 3 hours. Residents were not allowed to access the sinks without staff assistance for hot water during that time.

The maintenance person will check the water temperature in areas available to residents daily and make any needed adjustments.

Administrator will review the temperature charts periodically.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kimberly J. Adams*

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

Kimberly Adams, Executive Director

Date 5/3/2019

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

The above plan of correction is approved as of 6/10/19  
 (Date)

Plan of correction implementation status as of 6/10/19  
 (Date)

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

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

RECEIVED

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
PCH Name: RUTH M SMITH CENTER

MAY 07 2019

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

At 10:25 a.m., a 16 ounce container on the porch contained over 20 cigarette butts and at least six empty bags of Cheetos.

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 fireproof receptacle was immediately emptied.

The maintenance person and building staff will check the fireproof receptacle daily.

Administrator will check receptacles randomly to ensure compliance.

Within 15 days of receipt of the plan of correction: All staff and residents shall be educated on the home's smoking policy, including safe extinguishing procedures and not disposing of combustible materials in fireproof receptacles or ashtrays.

JW 6/10/19

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

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, Executive Dir* Date *5/3/2019*

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

The above plan of correction is approved as of <u>6/10/19</u> (Date)	Plan of correction implementation status as of <u>6/10/19</u> (Date)
The above plan of correction was approved by <u>JW</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 07 2019

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
 Hubert ...

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 self-administers Novolog Flexpen, inject 23 units before meals 3 times a day. However, the medical evaluation, dated 4/4/18, indicates the resident is unable to self-administer medications.

**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 Dr. for Resident #2 was contacted to confirm in writing that the resident was permitted to self administer the Novolog Flexpen.*

*The Supervisor will ensure the Dr.'s note is included in the Resident's file for any self-administered medications.*

*Administrator will randomly check files for compliance. - at least monthly* JW 6/10/19

Resident #2 had a new medical evaluation completed on 4/22/19.

JW 6/10/19

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

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, Executive Director*      Date *5/3/2019*

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

The above plan of correction is approved as of <u>6/10/19</u> (Date)	Plan of correction implementation status as of <u>6/10/19</u> (Date)
The above plan of correction was approved by <u>JW</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 07 2019

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE  
Harrisburg, PA 17104-1000

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

There is no documentation that residents #1 and #2 have been educated to the resident's right to refuse medication if the resident believes that 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.

All residents are educated on the right to question or refuse a medication if the resident believes there may be a medication error. We re-educated Resident #2 and put this in her file with her signature. We also re-educated resident #1 and her guardian and included it in her file.

Administrator will ensure a copy of the Residents' Rights with a signature showing the resident was educated will be put in each residents file upon entry.

Administrator will periodically audit files.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams, Executive Director*      Date *6/3/2019*

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

The above plan of correction is approved as of 6/10/19 (Date)

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

Plan of correction implementation status as of 6/10/19 (Date)

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

RECEIVED

MAY 07 2019

WEST REGION FIELD OFFICE  
Harrisburg Division LICENSING

Violation Report: 44598 - 01/15/2019 - Mulick, Cindy  
PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
Resident #2's support plan, dated 4/11/18, is not signed by the resident, and does not indicate a refusal or inability to sign.

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.

Residents support plan was immediately reviewed and signed by the resident.

Administrator will make sure all residents who participate in the development of their support plan will sign or indicate a refusal or inability to sign.

Administrator will periodically review all support plans.

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

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 Executive Director*      Date *5/3/2019*

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

The above plan of correction is approved as of 6/10/19 (Date)

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

Plan of correction implementation status as of 6/10/19 (Date)

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