



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 A
Certificate #: 445950

Dear Ms. Adams:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 16, 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.

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 written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: RUTH M SMITH CENTER		RECEIVED MAY 07 2019	License Number: 44595
Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347			County: Warren
Administrator: Kimberly Adams			Region: WEST
Legal Entity Name: RUTH M SMITH CENTER		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 407 SOUTH MAIN STREET, SHEFFIELD, PA 16347			
Certificate(s) of Occupancy			
Other 11/19/1983 Labor & Industry			
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, Incident			
On-Site Inspections Dates and Department Representatives On-Site			
01/16/2019: Mulick, Cindy			
Off-Site Inspection Dates and Inspectors, if Applicable			
03/29/2019: Mulick, Cindy			
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: 10 Are 60 Years of Age or Older: 2 Have Mental Illness: 10 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44595 - 01/16/2019 - Mulick, Cindy
 PCH Name: RUTH M SMITH CENTER

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aid registry.

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 resigned her position. In the future the Administrator will only hire staff with the correct qualifications, a GED or Diploma. Administrator will review documents for any possibility of fraud or non-accredited schools. Administrator reviewed all staff files in May 2019 to ensure all staff had documentation of either a GED or Diploma.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kimberly G. Glanis*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly G. Glanis</i>	Date <i>6/6/2019</i>
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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><i>JW</i></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: 44595 - 01/16/2019 - Mulick, Cindy
 PCH Name: RUTH M SMITH CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(a) - The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

2a. DESCRIPTION OF VIOLATION

At 11:40 a.m., the sink labeled for resident #1 in bathroom #2 has minimal cold water coming out of the faucet and does not meet the needs of the resident.

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.

Though the sink with Resident # 1's name by it had minimal cold water coming out of the faucet, Resident #1 had access to three additional sinks in that bathroom that had hot and cold water under pressure. While we label above their towel racks and all personal items are marked, the residents may use any sink they choose.

The sink has been replaced and all four sinks in that bathroom have hot and cold water under pressure.

The building supervisor and maintenance person will check all sinks regularly to ensure they have hot and cold water under pressure.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly G. Adams*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly G. Adams, Executive Director</i>	Date <i>5/6/2019</i>
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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)
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